

Hopevale, Inc.
3780 Howard Road
Hamburg, New York 14075

Application For Employment
(Please Print)

1. Position Applied For: _____ Date of Application: ____ / ____ / ____

2. Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone () _____ Social Security # ____ - ____ - ____

3. Have you ever been employed here before? Yes ___ No ___ Applied Here? Yes ___ No ___

4. Type of work available for? Full Time ___ Part Time ___ Nights ___ Weekends ___ Shift Work ___

5. Are you available for immediate hire? Yes ___ No ___ Date Available: ____ / ____ / ____

6. Do you have a valid New York State Drivers License? Yes ___ No ___

7. List friends and relatives that work at Hopevale, Inc. _____

In what capacity to you know him/her? _____

8. Are you a U.S. Citizen? Yes ___ No ___ Do you possess an Alien Registration Card? _____
If yes, give registration # _____

9. Have you ever been convicted of a crime? Yes ___ No ___
If yes, please explain _____

10. REFERENCES: (Not related to you) Must provide two (2) recent work/professional related references and one (1) personal reference with **complete** address and phone number.

Name	#	Street	City	State	Zip	Telephone
						()
						()
						()

11. EDUCATIONAL HISTORY: Must provide proof of highest degree completed.

School (most recent first)	Degree/Diploma	Major	Dates Attended

12. EMPLOYMENT EXPERIENCE

Beginning with your present, or most recent place of employment, list the last four positions held. (Include military service assignments and volunteer work.)

Employer May we contact this employer? Yes No	Dates		Work Performed
	From	To	
Address			
Phone # ()	Hourly Rate/Salary		Reason for Leaving
Job Title	Starting	Final	
Supervisor			
Employer May we contact this employer? Yes No	Dates		Work Performed
	From	To	
Address			
Phone # ()	Hourly Rate/Salary		Reason for Leaving
Job Title	Starting	Final	
Supervisor			
Employer May we contact this employer? Yes No	Dates		Work Performed
	From	To	
Address			
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Employer May we contact this employer? Yes No	Dates		Work Performed
	From	To	
Address			
Phone # ()	Hourly Rate/Salary		Reason for Leaving
Job Title	Starting	Final	
Supervisor			

ADDITIONAL WORK RELATED EXPERIENCES:

13. Do you have any physical mental or medical reason which would limit your job performance?

Yes ___ No ___ If yes, please explain: _____

Are you a Veteran of the U.S. Military? Yes ___ No ___

What Branch? _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and individuals with physical or mental handicaps:

Government contractors are subject to Section 402 of the Vietnam Era Veteran's Re-Adjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran or have a physical handicap or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in the proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wished to be identified, please sign below.

Handicapped Individual _____ Disabled Veteran _____ Vietnam Veteran _____

Signed: _____

14. Describe specialized training, professional licenses, apprenticeship, skills, and extra-curricular activities:

15. Summarize special skills or qualifications acquired from prior employment or volunteer experiences:

16. Briefly provide us with additional information regarding experience or personal strengths which you feel make you a positive candidate for the position applied for:

