

# Dave Hayes Appliance Center Inc.

5168 Commercial Drive, Yorkville, NY 13495  
 Phone (315) 768-1970 • Fax (315) 768-1880  
<http://www.davehayesappliance.com/job-application>

<b>APPLICATION FOR EMPLOYMENT</b>		Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status		
<b>P E R S O N A L</b>	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City	State	Zip	Business Phone    Cell Phone
	Have you ever applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Month and Year / Location			Social Security Number
	Position Desired?			Pay Expected
	Apart from absence for religious observation, are you available for full-time work? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what hours can you work?			Will you work overtime if asked?    Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)			

<b>E D U C A T I O N</b>	School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
	College				Circle One: Yes No	
	Business / Trade Technical				Circle One: Yes No	
	High School				Circle One: Yes No	
	Elementary				Circle One: Yes No	

<b>EMPLOYMENT</b>		Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
<b>1</b>	Company Name	Telephone Number
	Address	Employed - (Month and Year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	Job Title, Describe Your Work	Reason for leaving?

<b>2</b>	Company Name	Telephone Number
	Address	Employed - (Month and Year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	Job Title, Describe Your Work	Reason for leaving?

<b>3</b>	Company Name	Telephone Number
	Address	Employed - (Month and Year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	Job Title, Describe Your Work	Reason for leaving?

<b>4</b>	Company Name	Telephone Number
	Address	Employed - (Month and Year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	Job Title, Describe Your Work	Reason for leaving?

We may contact the employers listed above unless you indicate those you do not want us to contact.	Employer Number Reason
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<b>MILITARY</b>	Did you serve in the United States armed forces? Yes <input type="checkbox"/> No <input type="checkbox"/> Circle One	If "Yes" What Branch?
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Describe any training received relevant to the position for which you are applying.
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<b>S I G N A T U R E</b>	<p>The information provided in this application for Employment is true, correct, and complete. If Employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p>If you decide to engage an investigate consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of agency so I may obtain from them the nature and substance of the information contained in the report.</p> <p>Date:        /        /</p> <p>Signature:</p>
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