

APPLICATION FOR EMPLOYMENT

T. H. Kinsella, Inc.
P. O. Box 7
Fayetteville, NY 13066

This company subscribes to all Federal and State statutes which prohibit discrimination. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status.

If you are applying for a driver position, or hold a CDL License, please fill out our Driver's Application for Employment.

Applicant Name (please print)

Phone Number

Address

Position(s) Applied for

<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you legally eligible for employment in the United States?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you 18 years of age or older? If NOT, state your age: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you worked for this company before?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Americans with Disabilities Act Clarification: If a job description has been provided, with or without reasonable accommodation, can you perform the essential job functions for the position you have applied for?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you possess a valid Driver's License?

Circle highest level of education completed:

Grade/High School	College	Graduate
8 9 10 11 12	1 2 3 4	1 2 3 4

Other business or vocational school or other training skills:

Please detail below your employment history:

MOST RECENT/CURRENT EMPLOYER		
Name	Date from	Date to
Address	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
City, State, Zip	Phone Number	
Contact Person	Position	
Reason for Leaving		

PREVIOUS EMPLOYER		
Name	Date from	Date to
Address	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
City, State, Zip	Phone Number	
Contact Person	Position	
Reason for Leaving		

PREVIOUS EMPLOYER		
Name	Date from	Date to
Address	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
City, State, Zip	Phone Number	
Contact Person	Position	
Reason for Leaving		

Please provide 3 references, other than relatives or former employers:

REFERENCE #1	
Name	Years known
Address	Occupation
City, State, Zip	Phone Number

REFERENCE #2	
Name	Years known
Address	Occupation
City, State, Zip	Phone Number

REFERENCE #3	
Name	Years known
Address	Occupation
City, State, Zip	Phone Number

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize investigation of any information provided on this application. I understand that a misrepresentation is cause for voiding this application or termination of employment if hired. I understand that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

Signature _____

Date _____