

Employment Application

Applicant Instructions

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "Applicant Note" below.
2. Complete all three pages of this application.
3. If more space is needed to complete any question, use comments section at the bottom of page 3.
4. Provide all requested information. Failure to do so may result in disqualification of your application.

POSITION APPLIED FOR: _____ TODAY'S DATE: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

PRIMARY EMAIL: _____ SECONDARY EMAIL: _____

ADDRESS: _____
STREET

CITY STATE ZIP

WAGE/SALARY EXPECTED: _____

Applicant Note This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview process or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. Joe Caputo & Sons is an equal opportunity employer. All qualified applicants will receive consideration without regard to sex, race, color, age, national origin, sexual orientation, military or veteran status, ancestry, religion, marital status, arrest record, disabilities, genetic information, or any other characteristic protected by applicable law (any of which is a "Protected Characteristic"). Testing of job-related skills may be required prior to employment.

Availability

What date can you start? _____ What category would you prefer? Full-time Part-time

Will you work overtime if asked? Yes No

Job-Related Skills

- Yes No If the job requires, do you have a valid driver's license?
- Yes No Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. (Exclude those which may disclose a Protected Characteristic.)
- _____
 Yes No Have you been given a job description or have the essential functions of the job been explained to you?
- Yes No Do you understand these essential functions?
- Yes No Can you perform the essential functions of this job with or without reasonable accommodation?

Security

- Yes No Are you legally authorized to work in the United States?
- Yes No Have you used any names or Social Security Numbers other than given above? If so, please list in comments on page 3.
- Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. (You are not obligated to disclose sealed or expunged records of conviction or arrest. Accordingly, if records have been sealed or expunged, please answer "no" to this question. Conviction will not necessarily be a bar to employment.)

DATE	CITY/STATE	OFFENSE FOR WHICH YOU WERE CONVICTED

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Previous Employers

MOST RECENT EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?		
COMPANY NAME _____	CITY _____	STATE _____
FROM _____ TO _____ <small>DATES EMPLOYED</small>	JOB TITLE _____	SUPERVISOR NAME _____
DUTIES _____		
WAGE RATE _____ PER _____ <small>(HOUR, WEEK, MONTH)</small>	REASON FOR LEAVING _____	
SECOND MOST RECENT EMPLOYER		
Phone: () _____		
Fax: () _____		
COMPANY NAME _____	CITY _____	STATE _____
FROM _____ TO _____ <small>DATES EMPLOYED</small>	JOB TITLE _____	SUPERVISOR NAME _____
DUTIES _____		
WAGE RATE _____ PER _____ <small>(HOUR, WEEK, MONTH)</small>	REASON FOR LEAVING _____	
THIRD MOST RECENT EMPLOYER		
Phone: () _____		
Fax: () _____		
COMPANY NAME _____	CITY _____	STATE _____
FROM _____ TO _____ <small>DATES EMPLOYED</small>	JOB TITLE _____	SUPERVISOR NAME _____
DUTIES _____		
WAGE RATE _____ PER _____ <small>(HOUR, WEEK, MONTH)</small>	REASON FOR LEAVING _____	

References

Include only individuals familiar with your work abilities. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		
4.		
5.		

