



A Division of Property Restoration Inc.

Disaster Recovery Teams You Can Count On

Emergency | Fire • Water • Board-ups • Mold • Repair | 24/7 & Holidays

3216 Watson Blvd, Endwell, NY 13760

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	Employment Application Form	
<p>PLEASE COMPLETE PAGES 1-3. DATE _____</p> <p>Name _____ <small style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Last First Middle Maiden </small></p> <p>Present address _____ <small style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Number Street City State Zip </small></p> <p>How long _____ Social Security No. _____ - _____ - _____</p> <p>Telephone (____) _____</p> <p>If under 18, please list age _____</p> <p>Position applied for (1) _____ Days/hours available to work and salary desired (2) _____ (Be specific)</p> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> No Pref _____ Thur _____ </div> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> Mon _____ Fri _____ </div> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> Tue _____ Sat _____ </div> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> Wed _____ Sun _____ </div> <p>How many hours can you work weekly? _____ Can you work nights? _____</p> <p>Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME</p> <p>When available for work? _____</p>		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

	MILITARY	
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HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past three jobs** beginning with your most recent job held. If you were self-employed, give company name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who did? _____			

I certify that the information I have provided on this application is true and accurate in all respects. I authorize investigation of any information provided on this application and authorize investigation of my employment records and references. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand and agree 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 of Applicant _____ **Date:** ____ / ____ / ____