



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Street	City	State
		Zip
Telephone Number(s)	Email	

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, give date: _____	
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, give date: _____	
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Proof of citizenship or immigration status will be required upon employment.</i>		
On what date would you be available for work?	_____	
Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Conviction will not necessarily disqualify an applicant from employment.</i>		
If Yes, please explain _____	_____	

Have you been convicted of any drug or substance abuse related activity within the past 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

We Are An Equal Opportunity Employer

Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study.																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																	
Describe any honors that you have received.																	
State any additional information you feel may be helpful to us in considering your application.																	

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States Military?

Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.		
<i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i>		
State of License:	Class:	License #:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER _____ DATE _____

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____

Department _____

By _____

NAME AND TITLE

DATE

NOTES _____ _____ _____ _____ _____

This Application for Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

Employment: Voluntary Self-Identification

Name

Last	First	Middle Initial	Social Security Number
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Current Address

Street and Number	City	State	Zip Code
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The following information is being gathered not for employment decisions but for recordkeeping in compliance with Federal regulations. This information will be kept separate from your Employment Application. You may respond now or at any time in the future. Your responses are strictly voluntary and will help in developing and monitoring our Affirmative Action programs. Information provided will be kept confidential except that government officials investigating compliance will be informed.

If you choose not to answer any of these questions, you will not be subject to adverse treatment. However, if you choose not to "self-identify", we are required under Federal regulations to maintain race, sex and disability information on the basis of visual observation or personal knowledge. If you do not wish to furnish this information, please initial: _____ Date: _____

Sex: Male Female

Race: White
 Black
 Hispanic
 Asian or Pacific Islander
 American Indian or Alaskan Native

Vietnam-Era Veteran:

Are you a Veteran of the Vietnam era? A Veteran of the Vietnam era means a veteran who served in the Republic of Vietnam from February 28, 1961 through May 7, 1975, as well as all veterans who served from August 5, 1964 through May 7, 1975 who:

- (1) served on active duty for a period of more than 180 days and were discharged or released therefrom with other than a dishonorable discharge, or
- (2) were discharged or released from active duty because of a service-connected disability.

In addition, the Veterans Employment Opportunities Act of 1998 (VEOA) has created a new group of veterans who are protected under the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA). These veterans "served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized." Therefore, veterans who served on active duty between December 7, 1941 and April 18, 1952, the official dates of World War II, are now protected under VEVRAA. In addition, there is a Department of Defense list of military campaigns and expeditions and their dates which also qualify to be included.

Yes No



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