



SKYLOFT

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage, creed, predisposing genetic characteristics, domestic violence victim status, carrier status, gender identity, prior conviction records, prior arrests, youthful offender adjudications, or sealed records or any other protected classification, in accordance with applicable federal, state, and local laws unless based upon a bona fide occupational qualification or other exception.

By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees.

Equal access to programs, services, and employment is available to all qualified persons. Those applicants with a disability and wish to request that a reasonable accommodation be provided to complete the application and/or interview process should contact a management representative. Please print.

Position(s) Applied for		Date of Application	
Print Name (Last, First, & Middle)			
Street Address		City	State
Main Phone Number	Alternate Phone Number	Email	

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Main Phone Number	
Dates Employed (Month/Year)		Pay Rate	
From	To	Starting	Final



Job Title and Duties	Reason for Leaving

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Main Phone Number	
Dates Employed (Month/Year)		Pay Rate	
From	To	Starting	Final
Job Title and Duties		Reason for Leaving	

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Main Phone Number	
Dates Employed (Month/Year)		Pay Rate	
From	To	Starting	Final
Job Title and Duties		Reason for Leaving	

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No



If yes, please explain

Please explain any gaps in your employment history:

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Course of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					



Other					
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BUSINESS AND PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

PERSONAL REFERENCES

Please list three people who know you well.

Name and Title	Relationship and Years Acquainted	Phone Number or Email

GENERAL INFORMATION

1. Have you ever used another name?..... Yes No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?..... Yes No
 - a. If yes to either of the above, please explain:

3. Have you ever worked for this company before?..... Yes No
 - a. If yes, please give dates and position: _____
4. Do you have friends and/or relatives working for this company?..... Yes No
 - a. If yes, name(s) and relationship(s): _____
5. On what date are you available to begin work? _____

6. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



- 7. Are you available to work? Full-time Part-time Shift Work Temporary
- 8. Minimum salary required:.....Per Hour \$_____ Per Month \$_____
- 9. If hired, would you have a reliable means of transportation to and from work?..... Yes No
- 10. Can you travel if the position requires it?..... Yes No
- 11. Can you relocate if the position requires it?..... Yes No
- 12. Are you at least 18 years old? Yes No
 - a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
- 13. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No
- 14. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No
 - a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.



_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

I affirm that all statements made by me on this form, including attached papers, are true, complete, and correct to the best of my knowledge. I understand that all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

I hereby authorize any former or current employer, military records center, or school to provide the Company any and all information necessary to reach an employment decision, including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers, or supervisors.

I understand that by applying for employment and/or accepting employment with the Company, I agree to the Company's policies, procedures, rules, and regulations, the terms of which are incorporated by reference herein, including without limitation, those included in its employee handbook and the Company's arbitration agreement, even without my signature on those materials. I understand that this agreement affects the legal rights of myself and the Company, including the right to a trial by jury.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____ **Name (print):** _____ **Date:** _____

Legal Disclaimer: This document is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.