

# JOBSITE LABOR FORCE WORKS, LLC

## NEW YORK EMPLOYMENT APPLICATION



### PERSONAL INFORMATION

FULL NAME:

LAST

FIRST

M.I.

DATE:

ADDRESS:

STREET ADDRESS

APT/UNIT #

PHONE:

EMAIL:

CITY

STATE

ZIP CODE

D.O.B.

S.S. NO:

RACE / ETHNICITY:

POSITION APPLIED FOR:

ARE YOU A CITIZEN OF THE UNITED STATES?

YES ☐

NO ☐

IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.?

YES ☐

NO ☐

HAVE YOU EVER WORKED FOR THIS COMPANY?

YES ☐

NO ☐

IF YES, WHEN?

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES ☐

NO ☐

IF YES, EXPLAIN.

### EDUCATION

HIGH SCHOOL:

ADDRESS:

FROM:

TO:

DID YOU GRADUATE?

YES ☐

NO ☐

DIPLOMA:

COLLEGE:

ADDRESS:

FROM:

TO:

DID YOU GRADUATE?

YES ☐

NO ☐

DEGREE:

OTHER:

ADDRESS:

FROM:

TO:

DID YOU GRADUATE?

YES ☐

NO ☐

DEGREE:

## REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES.

FULL NAME:

\_\_\_\_\_

RELATIONSHIP:

\_\_\_\_\_

COMPANY:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

EMAIL:

\_\_\_\_\_

FULL NAME:

\_\_\_\_\_

RELATIONSHIP:

\_\_\_\_\_

COMPANY:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

EMAIL:

\_\_\_\_\_

FULL NAME:

\_\_\_\_\_

RELATIONSHIP:

\_\_\_\_\_

COMPANY:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

EMAIL:

\_\_\_\_\_

## PREVIOUS EMPLOYMENT

COMPANY:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

SUPERVISOR:

\_\_\_\_\_

JOB TITLE:

\_\_\_\_\_

FROM:

\_\_\_\_\_

TO:

\_\_\_\_\_

RESPONSIBILITIES:

\_\_\_\_\_

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?

YES ☐

NO ☐

COMPANY:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

SUPERVISOR:

\_\_\_\_\_

JOB TITLE:

\_\_\_\_\_

FROM:

\_\_\_\_\_

TO:

\_\_\_\_\_

RESPONSIBILITIES:

\_\_\_\_\_

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?

YES ☐

NO ☐

COMPANY:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

SUPERVISOR:

\_\_\_\_\_

JOB TITLE:

\_\_\_\_\_

FROM:

\_\_\_\_\_

TO:

\_\_\_\_\_

RESPONSIBILITIES:

\_\_\_\_\_

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?

YES ☐

NO ☐

### MILITARY SERVICE

BRANCH:

\_\_\_\_\_

FROM:

\_\_\_\_\_

TO:

\_\_\_\_\_

RANK AT DISCHARGE:

\_\_\_\_\_

TYPE OF DISCHARGE:

\_\_\_\_\_

IF OTHER THAN HONORABLE, EXPLAIN:

\_\_\_\_\_

### DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN TERMINATION.

SIGNATURE:

\_\_\_\_\_

DATE:

\_\_\_\_\_