Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

CHAUTAUQUA MACHINE SPECIALTIES, LLC 1880 OPEN MEADOWS ROAD ASHVILLE, NY 14710

Date		

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Name							
	Last	First	Middle	Maiden			
Present address							
	Number		ity State Zip				
How long		Socia	I Security No				
Telephone ()							
If under 18, please list a	age						
How many hours can you work weekly? Can you work nights?							
Employment desired	□FULL-TIME ONLY	□PART-TIME ON	ILY □FULL-	OR PART-TIME			
-	</td <td></td> <td></td> <td></td> <td></td>						
May we contact your p		Yes □ No					
	application yourself						
•							
if not, who did?							
	NAME OF SCHOOL	LOCATION	NUMBER OF COMPLE		AJOR & EGREE		
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 DRIVI		s 🗖 No					
ARE YOU A U.S. CITIZEN?							
HAVE YOU EVER BFF	N IN THE ARMED FORC	MILITARY ES? ☐ Yes ☐	⊒ No				
	IBER OF THE NATIONAL		⊇Yes □No				
Specialty		Date Entered		ischarge Date			

Form 069 Issued 8/17/2010

Please list your work experience for beginn If you were self-employed, give firm name.								
Name of employer Address		Position	Employment dates	Pay or salary				
City, State, Zip Code Phone number			From	Start				
Thorie number			То	Final				
Reason for leaving (be specific)		l	l					
List the jobs you held, duties performed, ski	ills used or learr	ned, advancemen	ts or promotions while y	ou worked	at this company.			
Name of employer Address		Position	Employment dates		Pay or salary			
City, State, Zip Code Phone number			From	Start				
			То	Final				
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		Position	Employment dates		Pay or salary			
City, State, Zip Code Phone number			From	Start				
			То	Final				
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		Position	Employment dates	Pay or salary				
City, State, Zip Code Phone number			From	Start				
Filotie Humber			То	Final				
Reason for leaving (be specific)								
List the jobs you held, duties performed, ski	ills used or learr	ned, advancemen	ts or promotions while y	ou worked	at this company.			
Please give three references not related to		REFERENCES						
Name Pho		one	Occupation		Years known			
	1 Hone							
Signature of applicant Date:								

WORK HISTORY

Form 069 Issued 8/17/2010