

HG Page & Sons, Inc

Employment Application

Applicant Information			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for		DOB:	
Are you a citizen of the United States?		If no, are you authorized to work in the U.S.?	
Have you ever worked for this company?		If so, when?	
Name of any relative working at Page.		Did an employee from Page recommend you?	
Are you currently working?		If not, are you on a leave of absence or laid off?	
How many days of work have you missed in the past 12 months due to illness or other causes?			
Have you ever been fired?			
Do you have a valid New York State drivers license?		Driver's Identification No.	
Do you have any physical conditions that limit or prevent you from engaging in strenuous activities?			
If yes, how could Page accommodate your condition on the job?			
Have you ever been convicted of a felony or misdemeanor?			
Answering "yes" will not automatically disqualify you from employment			
Offense: _____		Offense: _____	

Education			
High School		Address	
From	To	Did you graduate?	Degree GED
College		Address	
From	To	Did you graduate?	Degree
Other		Address	
From	To	Did you graduate?	Degree

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Military Service	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Previous Employment		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference?		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference?		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference?		

Explain reasons for inactivity between this present application and prior work: _____ _____ _____

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References

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

Circle the Areas in Which You Have Skills or Knowledge:

Cash register	Computer	Word Processor	Typing	WPM	Lumber	Power Tools
Hardware	Paint	Plumbing	Electrical	Warehousing	Forklift	Other_____

Important Disclaimer Please Read and Sign the Following

The information given in this application is true in all respects. I agree, if the information is found to be false in any respect, including the omission of information, I will be subject to dismissal, without notice, at any time. I authorize you to investigate all information in this application. I hereby authorize my former employers to release information pertaining to my work record, habits and performance. I hereby authorize H.G. Page & Sons to obtain a background investigative report made by a security or consumer reporting agency in respect to me. In so doing, I release the reporting agency, H.G. Page & Sons and its agents from any and all liability which may flow from the release of such information. I understand any employment will be on a 90 day introductory basis and that my employment may be terminated, with or without cause or notice, at any time, at my option or that of this company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time which is contrary to the forgoing without written approval of the company president. I further understand that before any offer of employment is finalized I will be required to submit blood, urine or other medical testing for alcohol, drugs and controlled substances at a company-selected medical facility at the company's expense. If the test results demonstrate the presence of undisclosed prescribed or unauthorized controlled substances or an unacceptable level of alcohol, I understand that I will not be permitted to commence work for the company. I voluntarily consent for the designated medical facility to collect urine and blood samples from me and to test for the presence of alcohol, drugs and controlled substances. Further, the medical facility is authorized to release the results of the tests to H.G. Page & Sons. H.G. Page & Sons is authorized to communicate the test results internally as it deems appropriate. I may request a copy of this authorization. We are an equal opportunity employer.

Signature

Date