



TRANSPORTATION

85 River Rock Drive, Suite 302, Buffalo, NY 14207
(716) 362-9701

EMPLOYMENT APPLICATION

Date of Application: _____

We are an Equal Opportunity Employer and subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, sex, marital status, sexual orientation, creed, national origin, age, physical or mental disability and those covered under another legally protected status.

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ E-mail: _____

Position Applied for: _____

Date available to begin work: _____

General Information

How did you hear about this position?

- Advertisement
- Friend
- Walk-in
- Company Employee
- Company Website
- Other _____
- Family
- Job Fair

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodations? Yes No

Have you ever been employed by us before? Yes No

If yes, provide date _____

Are you currently employed? Yes No

If yes, can we contact your employer? Yes No

Are you legally able to work in this country? Yes No

Please note, proof of citizenship or legal immigration status will be required.

Proof of eligibility to work will be required if under 18 years of age, are you able to do so? Yes No

Can you travel if job requires it? Yes No

Check availability for work:

- Shift
- Full time
- Part time
- Temporary Weekends (Saturday & Sunday)
- Overtime

Employment Experience

Instructions: Start with your most recent employer, list in consecutive order, past FOUR employers. If more than one job at same employer, indicate that as well.

Employer 1:	
Address	
Telephone	
Job Title	Supervisor:
Dates of Employment:	
Work Performed	<hr/> <hr/> <hr/>
Reason for Leaving	<hr/> <hr/> <hr/>

Employer 2:	
Address	
Telephone	
Job Title	Supervisor:
Dates of Employment:	
Work Performed	<hr/> <hr/> <hr/>
Reason for Leaving	<hr/> <hr/> <hr/>

READ CAREFULLY

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or termination. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will" which means the employee may resign at any time and the employer may discharge the employee at any time with or without cause. The executive of this organization designated to change the employment relationship is the only one that can change the terms of such employment.

This application will remain active for up to 45 days from date completed.

_____ Date _____
Applicant signature

Do not write below this line

For Company use only

Interview planned ___ Yes ___ No

Remarks _____

Employed ___ Yes ___ No

Date of employment _____ Job Title _____ Pay _____

Hiring manager signature _____ Date _____