



Employment Application



D & R is an Equal Opportunity employer. We conduct all employment-related activities without regard to race, color, sex, religion, age, national origin, disability, veteran status, sexual orientation or any other classification protected by applicable State or Federal employment discrimination laws. D & R welcomes diversity in the workplace.

28 Washington Avenue
Endicott, NY 13760
www.dandr.com
Voice (607) 754-2200 / FAX (607) 754-0709



Position applied for			
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Full or Part time	No. of hours per week _____
Salary desired (Be specific)			
Date available for employment			

GENERAL

Name.....
Last First Middle

Present address
Street & No. City State Zip

Telephone

Are you a U.S. Citizen? Yes No Are you able to provide documentation required to establish your legal authorization to work in the U.S.? Yes No

Are there any limitations to your ability to regularly and consistently perform the essential functions of the job for which you are applying? Yes No If yes, explain

Are you over the age of 18? Yes No Have you ever been convicted of a crime other than a minor traffic violation? Yes No If yes, state offense, date and disposition.

Have you ever been granted a security clearance? Yes No If yes, indicate level, date granted and by whom.

Have you ever had a security clearance suspended, denied or revoked? Yes No

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Current or Last Employer	Name of last supervisor	Employment dates	Pay or Salary
Address		From	Start
City, State, Zip		To	Final
Phone	Your last job title		

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.

May we contact your present employer? Yes No

Employer #2	Name of last supervisor	Employment dates	Pay or Salary
Address		From	Start
City, State, Zip		To	Final
Phone	Your last job title		
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.			

Employer #3	Name of last supervisor	Employment dates	Pay or Salary
Address		From	Start
City, State, Zip		To	Final
Phone	Your last job title		
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.			

EDUCATION

Type	Name	Address (complete mailing address)	No. of Yrs. Completed	Major and Degree
High School				
College				
Bus. or Trade Sch.				
Professional School				

MILITARY If you served in the military, list any skills learned which you feel are relevant to the position for which you are applying.

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COMPUTER SKILLS If appropriate to the position(s) for which you are applying, please complete the following:

Application Program(s) & version no.	Proficient, could teach	Basic knowledge
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Please list below any additional information you consider pertinent to this application for employment (including school honors, licenses, unique skills, professional memberships &/or publications).

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REFERENCES (Not Relatives)

Name and Occupation	Address	Telephone

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by senior management of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: Date: