



8805 RT 415 Campbell NY 14821
(888) 845 5219 * (607) 936 2300 fax

APPLICATION FOR EMPLOYMENT
Short Form

Please Print

Date: _____ **SSN:** _____ - _____ - _____ **DOB:** _____

Name: _____
 First Middle Last Other Names

Current Address: _____

How long at current address? _____

Previous Address: _____

How long at previous address? _____

Home Phone: _____ **Cell Phone:** _____

Are you authorized to work in the US? **Yes** **No**

(Proof of eligibility will be required if hired.)

What hours are you available to work? _____

EDUCATION:

	Name of School	Address	Yrs completed	Major & Degree
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Trade school:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

DRIVING:

Drivers License Number and State issued: _____

Have you had any accidents in the last 3 years? If so, please explain: _____

Have you had any moving violations in the last 3 years? If so, please explain: _____

CRIMINAL:

Have you ever been convicted of a crime? **Yes** **No**

If so, please explain: (date, nature of conviction, sentence imposed etc)

REFERENCES:

Personal References (other than relatives)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

WORK EXPERIENCE (Please list your work experience for the past 10 years with most recent first)

Name of Employer: _____ **Phone:** _____

Address: _____

Dates of Employment: _____ **Position:** _____

Reason for leaving: _____

Name of Employer: _____ **Phone:** _____

Address: _____

Dates of Employment: _____ **Position:** _____

Reason for leaving: _____

Name of Employer: _____ **Phone:** _____

Address: _____

Dates of Employment: _____ Position: _____

Reason for leaving: _____

May we contact your current employer? Yes No

I understand that an equal opportunity employer will consider this application for employment. I understand that the employer will not discriminate race, color, religion, gender, sexual orientation, national origin, citizenship, age, or disability.

I understand that if information contained in this application contains misleading, erroneous, false, or deceptive information I will not be considered for employment.

Applicant's Signature: _____ Date: _____



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Release Form

I, _____ hereby authorize TrackAndScreen.com (Herein referred to as TAS) to generate reports in connection with my application for employment. These reports may include, but are not limited to the following information: bankruptcy records, criminal records, driving records, education verification, employment verification and workers compensation records from local, state federal and private agencies who maintain such records.

I authorize any party or agency contacted by TAS, or its agent(s) to furnish the aforementioned information and hereby release TAS from any and all claims that may arise from disclosure or non-disclosure. I have the right to make a request to TAS, to request the nature and substance of information in its files and recipients of any reports, which TAS has previously furnished within the two-year period.

I hereby authorize the release of any and all consumer reports. This authorization shall remain on file and shall serve as on-going authorization for you to generate consumer reports at any time during my employment period this includes checking my driving record at anytime during employment.

Full Name _____

Other Names Known by _____

Current Address _____

Former Addresses (list most recent first for 10 years prior)

SS# _____ Date of Birth _____

Dr License Number _____ State issued _____

Signature _____ Date _____

Prospective Employer _____