

# APPLICATION FOR EMPLOYMENT

*Carver Companies*

494 Western Turnpike  
Altamont, NY 12009

Carver Companies is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap or veteran status.

**Personal Information:**

Date: \_\_\_\_\_

Name (Last, First, Middle Initial)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	How did you hear about us?		

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible to work in the United States? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

**General Information:**

Have you ever been employed by Carver Companies? Yes ___ No ___ If yes, where? _____		When? _____	
When are you available to work (circle all that apply): Days    Nights    Weekends    Overtime    FT    PT			
Position applying for _____		Expected Rate of Pay _____	
Date available to start _____		Who referred you? _____	

**Education & Training:**

	Name & Location of School	Course of Study	# of years complete	Diploma or Degree Received
High School				
College				
Trade or Business School				
Certifications				

**Employment History:** (list present and past employment beginning with the most recent)

<b>May we contact your present employer? Yes _____ No _____</b>				
Name of Employer		Title		
Employer Address (street, city, state & zip)		Supervisors Name		Supervisors Phone
Dates Employed:	Employed From	Employed To	Beginning Rate of Pay	Final Rate of Pay
Duties and Responsibilities:				
Reason for Leaving:				

Name of Employer		Title		
Employer Address (street, city, state & zip)		Supervisors Name		Supervisors Phone
Dates Employed:	Employed From	Employed To	Beginning Rate of Pay	Final Rate of Pay
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Dates Employed:	Employed From	Employed To	Beginning Rate of Pay	Final Rate of Pay
Duties and Responsibilities:				
Reason for Leaving:				

**Professional/Professional References:** (Please provide a minimum of one personal & one professional reference)

Name	Phone	Relationship	Years Known

**Skills:** (Please list any additional skill)


**Authorization:**

<p>"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other related federal and state laws".</p>	
Signature	Date