



APPLICATION FOR EMPLOYMENT
 Phone: (845) 457-4021
 Fax: (845) 457-4003
 E- Mail : jobs@taylor-montgomery.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, or any other legally protected status.

(Please fill in the form in the spaces provided)

Position(s) Applied for:			Date of Application:		
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Numbers			Social Security Number (voluntary)		
Best Time to contact you at home is:			:	A.M / P.M.	
If you are under 18 years of age, can you provide Required proof of your eligibility to work?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever filed an application with us before? If yes, give date			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been employed with us before? If yes, give date			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have any friends or relatives, other than spouse, work here? If Yes, state name, relationship and location			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently employed?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
May we contact your present employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of citizenship or immigration will be required upon employment.)</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date available for work / /			What is you desired salary range?		
Are you available to work <input type="checkbox"/> Full Time (Please indicate <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 shift) <input type="checkbox"/> Part Time (Please indicate <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings					

Temporary (Please indicate date available / - /)

Are you currently on "lay-off) status and subject to recall? YES NO

Can you travel of a job requires it? YES NO

Have you been convicted of a felony within the last five years? YES NO

A criminal record does not constitute an automatic bar to employment & will be considered only as it relates to the job in question.

EDUCATION

School	Name & Address of School	Course of Study	# of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military assignments and volunteer activities. You may exclude organizations which indicate color, religion, creed, gender, national origin, age, disability, martial or veteran status, or any other legally protected status.

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Hourly Rate / Salary		
Starting/ Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:	May We Contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Hourly Rate / Salary		
Starting/ Present Job Title:	Starting	Final	

Comments: Include explanation of any gaps in employment

Empty text box

Describe any specialized training, apprenticeship, skills & extra-curricular activities

Empty text box

Describe any job related training received in the United States Military

Empty text box

List professional, trade, business or civic activities and offices held

Empty text box

ADDITIONAL INFORMATION
Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience)

Empty text box

SPECIALIZED SKILLS (Skills/Equipment Operated)

- | | | | |
|-------------------------------------|--|--------------------------------------|--------------|
| <input type="checkbox"/> Terminal | <input type="checkbox"/> Spread Sheet | Production / Mobile Machinery (list) | Other (list) |
| <input type="checkbox"/> PC / MAC | <input type="checkbox"/> Word Processing | _____ | _____ |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Shorthand | _____ | _____ |
| WPM | WPM | _____ | _____ |

State any additional information you may feel may be helpful to us in considering your application: