

ALBANY | AMSTERDAM | GLENS FALLS | NEWBURGH ROBARDS | SARATOGA SPRINGS | SAUGERTIES

www.leroyholding.com | 1-800-782-0717

		Applicant	Information							
Full Name:					Date:					
Address:	Last First			M.I.						
Address.	Street Address			Apartment/Unit #						
	City			Sta	ate ZIP Co	ode				
Phone:		E-r	mail Address:							
Date Available: :Social Security N		:Social Security No:	Desired Salary: \$							
Position App	olied for:		ocation intereste	d in:		YES	NO			
Are you a cit	tizen of the United State	s? 🗌 🗎	☐ If no, are you authorized to work in the U.S.? ☐ ☐							
Have you ev	er worked for this comp	any? YES NO YES NO	If yes, when?							
Have you ev	ver been convicted of a f									
If yes, expla	in:									
Education										
High School	:	Address	i:							
From: _	To:		?	NOT YET	Year:		_			
College:		Address	i:							
From: _	To:	Did you graduate	?	NOT YET	Degree:					
Other: _		Address	:			-				
From: _	To:	Did you graduate	?	NOT YET	Degree:					
References										
		rences other than relatives rperience and qualifications		oyers, who a	re in a position ar	nd are willir	ng to			
Full Name: Relationship:										
Company:				Phone:						
Address:										
Full Name:	Relationship:									
Company:										
Address:	-			Phone:						
Full Name:			Relationship:							
Company:				Phone:						
Address										

Previous Employi			
Company:	Phone:		
Address:	Supervisor:		
Job Title: Starting Salary:	\$	Ending Salary: \$	
Responsibilities:			
From: To: Reason for Leaving:			
May we contact your previous supervisor for a reference?	NO		
Company:	Phone:		
Address:	Supervisor:		
Job Title: Starting Salary:	\$	Ending Salary: \$	
Responsibilities:			
From: To: Reason for Leaving:			
May we contact your previous supervisor for a reference?	NO		
Company:	Phone:		
Address:	Supervisor:		
Job Title: Starting Salary:	\$	Ending Salary: \$	
Responsibilities:			
From: To: Reason for Leaving:			
May we contact your previous supervisor for a reference?	NO 		
Military Service	e		
Branch:	From:	To:	
Rank at Discharge: Type	oe of Discharge:		
If other than honorable, explain:			
Disclaimer and Sign	nature		
I understand that if I am extended an offer of employment it may be conditional employment drug screen. I also understand that I may be subject to continue employment. I hereby consent to a drug and/or alcohol screen as conditional employment.	iing drug and/or alcoho	ol checks as a condition of ongoing	
I certify that answers given herein are true and complete to the best of my to be a contract of employment. If this application leads to employment, I unapplication or interview may result in my release.			1
I authorize investigations of all statements contained herein and the reference concerning my previous employment and any pertinent information they may damages that may result from furnishing to you.			
I understand and agree that, if hired, my employment is for no definite p wages and salary, be terminated at any time without prior notice and without		less of the date of payment of my	
Signature:		Date:	

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