



# Employment Application

Please print all information and sign the form. All applicants will be tested for illegal drug use prior to employment.

100 Erie Boulevard, Newark, NY 14513 Tel: (315) 331-2955 Fax: (315) 331-4594

Date:

## Your Contact Information

First Name

Last Name

Middle/Maiden Name:

Current Address: (Street, City, State, Zip)

E-mail Address

Phone

---

Which position(s) are you applying for? (Please be specific)

Office Manager

Sales

Engineer

Shop Laborer

Field Laborer

Other

---

What is your desired salary?

How many hours can you work weekly?

When are you available to start?

Type of Employment:

Days Available to Work:

Hours Available to Work:

Full Time

No Preference

Monday

No

Part Time

Tuesday

Wednesday

Preference

Full or Part Time

Thursday

Friday

Days

Saturday

Sunday

Evenings/  
Nights

Education: Please list your education history. Be as specific as possible.

High School: Name of school, Location, Number of years Completed, Degree Earned

College: Name of school, Location, Number of years Completed, Degree Earned

Business/Trade School: Name of school, Location, Number of years Completed, Degree Earned

Professional School: Name of school, Location, Number of years Completed, Degree Earned

---

Have you ever been convicted of a crime?

yes  
no

If yes, please explain number of conviction(s), nature of offense(s), date(s), sentence(s), and type(s) of rehabilitation.

Do you have a drivers license?

yes  
no

What is your means of transportation to work?

Drivers License Number:

State of Issue:

Expiration Date:

Type of License:

Operator

Commercial (CDL)

Chauffeur

Have you been in any accidents during the last 3 years?

If yes, how many?

Have you had any moving violations in the last 3 years?

If yes, how many?

---

References: Please list two (2) references other than relatives or previous employers.

**Reference 1:**

First Name	Last Name	Position/Company
------------	-----------	------------------

E-mail Address	Phone	Address
----------------	-------	---------

---

**Reference 2:**

First Name	Last Name	Position/Company
------------	-----------	------------------

E-mail Address	Phone	Address
----------------	-------	---------

---

**Reference 3: (Optional)**

First Name	Last Name	Position/Company
------------	-----------	------------------

E-mail Address	Phone	Address
----------------	-------	---------

---

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Military: Please complete to notify of military experience.

Have you ever been in the  
armed forces?

Yes  
No

Are you currently a  
member of the  
national guard/  
reserves?

Yes  
No

Specialty:

Date Entered:

Date Discharged

---

Work Experience: Please list your work experience for the past five (5) years beginning with your most recent job held. If you were self employed, give firm name. Attach additional sheets if necessary.

Name of Employer:

Address: (street, City,  
State, Zip)

Phone Number:

Name of Last  
Supervisor:

Dates Employed:

Pay or Salary:  
(Final)

Your Last Job Title:

Reason for Leaving:

List the jobs you held,  
duties performed, skills  
used or learned,  
advancements or  
promotions while you  
worked at this company:

---

Name of Employer:

Address: (street, City,  
State, Zip)

Phone Number:

Name of Last  
Supervisor:

Dates Employed:

Pay or Salary:  
(Final)

Your Last Job Title:

Reason for Leaving:

List the jobs you held,  
duties performed, skills  
used or learned,  
advancements or  
promotions while you  
worked at this company:

---

Name of Employer:                      Address: (street, City,  
State, Zip)                                      Phone Number:                                      Name of Last  
Supervisor:

Dates Employed:                      Pay or Salary:  
(Final)                                      Your Last Job Title:                                      Reason for Leaving:

List the jobs you held,  
duties performed, skills  
used or learned,  
advancements or  
promotions while you  
worked at this company:

---

Name of Employer:                      Address: (street, City,  
State, Zip)                                      Phone Number:                                      Name of Last  
Supervisor:

Dates Employed:                      Pay or Salary:  
(Final)                                      Your Last Job Title:                                      Reason for Leaving:

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

Did you complete this application  
yourself?

Yes                      No

If no, who did?

---

PLEASE READ CAREFULLY  
Application Form Waiver

---

In exchange for the consideration of my job application by Upstate Refractory Services, Inc.(hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President / General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Printed Name of Applicant:

Signature of Applicant

Date Signed:

---

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.