



APPLICATION FOR EMPLOYMENT ACCEDE MOLD & TOOL CO., INC.

1125 Lexington Ave
Rochester, NY 14606

Accede Mold & Tool does not discriminate in employment opportunities or practices because of race, color, religion, sex, sexual orientation, gender identity or expression, citizenship, genetic information, national origin, age, veteran status, familial status, reproductive health decisions, or disability.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Sought _____ Full Time ___ Part Time ___ Days Available: M ___ T ___ W ___ TH ___ F ___

Shifts Available to Work A ___ B ___ Date Available _____ Salary Desired _____

Phone Number (____) _____ Email _____ Are you over 18 years old? Yes ___ No ___

Are you legally eligible for employment in the United States? Yes ___ No ___

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (check one) 1 2 3 4 **Diploma:** Yes ___ No ___ **G.E.D.:** Yes ___ No ___

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (check one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree /Certificate Earned _____

SKILLS : _____

Have you ever been employed in any facility of Accede Mold & Tool? Yes ___ No ___

If so, please state position and dates of employment. _____

Do you know anyone who has/does work at Accede Mold? Yes ___ No ___ Employee's Name (s) _____

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? Yes ___ No ___

If any employment was under a different name, indicate name _____

Employer _____ Address _____ Telephone _____

Position _____ Dates of Employment: From _____ To _____

Supervisor _____ Department _____ Duties _____

Full time Part time No. of Hrs. Reason for Leaving _____

Employer _____ Address _____ Telephone _____

Position _____ Dates of Employment: From _____ To _____

Supervisor _____ Department _____ Duties _____

Full time Part time No. of Hrs. Reason for Leaving _____

Employer _____ Address _____ Telephone _____

Position _____ Dates of Employment: From _____ To _____

Supervisor _____ Department _____ Duties _____

Full time Part time No. of Hrs. Reason for Leaving _____

Employer _____ Address _____ Telephone _____

Position _____ Dates of Employment: From _____ To _____

Supervisor _____ Department _____ Duties _____

Full time Part time No. of Hrs. Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper. Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain: _____

Do you have any medical problems that could affect your job performance or could be aggravated by doing your job?

Yes No Explain _____

REFERENCES:

Professional

Name _____

Occupation _____

Phone (____) _____

Personal

Name _____

Occupation _____

Phone (____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Accede Mold & Tool Co., Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Accede Mold & Tool Co., Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____