

APPLICATION FOR EMPLOYMENT

*Al-Wil Auto Finishers Supply Co.
of Buffalo, Inc.*

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

PLEASE PRINT LEGIBLY OR TYPE

Date of Application _____

PERSONAL INFORMATION:

Last Name	First Name	Middle Initial
Address: (Street including number)	(City)	(State) (Zip)
Telephone Number(s):	Social Security Number:	

EMPLOYMENT INFORMATION:

Position Applied For:	Salary Desired:	Which Location?
Have you ever applied with us before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Which Location?
Were you ever employed by us?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Which Location?
Date available to start: ____/____/____	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time
Best time to contact you about employment:	<input type="checkbox"/> am <input type="checkbox"/> pm	
Are you currently employed?	If so, may we contact your present employer?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ELIGIBILITY INFORMATION:

If you are under 18 years of age, can you provide required proof of eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (proof of citizenship or immigration status is required upon employment) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable

EDUCATIONAL INFORMATION:

	Name/City/State	Course of Study	Graduated?
High School Attended:			
College:			
Other:			
Any specialized skills or training?			
US Military or Naval Services?			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

WORK EXPERIENCE:

Employer:	Dates Employed: From To
Address:	Starting Salary \$_____ Ending: \$_____
Phone:	May We Contact? [] YES [] NO
Supervisor:	Job Title:
Reason for Leaving?	Work Performed:

Employer:	Dates Employed: From To
Address:	Starting Salary \$_____ Ending: \$_____
Phone:	May We Contact? [] YES [] NO
Supervisor:	Job Title:
Reason for Leaving?	Work Performed:

Employer:	Dates Employed: From To
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Phone:	May We Contact? [] YES [] NO
Supervisor:	Job Title:
Reason for Leaving?	Work Performed:

REFERENCES:

NAME	PHONE	OCCUPATION	RELATIONSHIP
1)			
2)			
3)			

APPLICANT STATEMENT:

- * I certify that the answers given herein are true and complete.
- * I authorize investigation of all statements contained in this application necessary in arriving at an employment decision.
- * This application shall be considered active for a period of time not to exceed 45 days.
- * I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this firm is of an "as will" nature. This means the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- * In the event of employment, I understand that false or misleading information given in my application interview(s) may result in discharge. I understand also that I am required to abide by all the rules and regulations set forth by the employer.

Signature of Applicant

Date