

J. Kozel & Son, Inc.

Corporate Headquarters
1150 Scottsville Road, Rochester, N.Y. 14624
Phone 585-436-9807 Fax 585-436-3104



EMPLOYMENT APPLICATION

DIVISION: _____

POSITION APPLIED FOR: _____

YOUR NAME: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER: _____

CELL PHONE

HOME PHONE

SOCIAL SECURITY NUMBER: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE USA? YES NO

I HAVE A VALID DRIVERS LICENSE: YES NO

I AM SEEKING A PERMANENT POSITION: YES NO

I WILL BE AVAILABLE TO START WORK: _____

I AM AVAILABLE TO WORK:

	MON.	TUES.	WED.	THURS.	FRI.	SAT.
FROM						
TO						

ARE YOU AVAILABLE TO WORK OVERTIME: YES NO

EDUCATION:

YRS COMPLETED FIELD OF STUDY GRAD YEAR

	YRS COMPLETED	FIELD OF STUDY	GRAD YEAR
HIGH SCHOOL			
COLLEGE			
BUSINESS/TECHNICAL			
OTHER			

MILITARY SERVICE: YES NO

DUTY/SPECIALIZED TRAINING: _____

REFERENCES:

NAME	PHONE	RELATION	YRS KNOWN
------	-------	----------	-----------

NAME	PHONE	RELATION	YRS KNOWN
------	-------	----------	-----------

EMPLOYMENT: (List last employment first, include summer and temporary jobs. Be sure to include all experience or employers related to this job.)

EMPLOYER NAME AND ADDRESS: _____ _____
POSITION TITLE/DUTIES: _____ _____
SUPERVISORS NAME AND PHONE NUMBER: _____ _____
DATE STARTED: _____ DATE LEFT: _____ REASON FOR LEAVING: _____ _____

EMPLOYER NAME AND ADDRESS: _____ _____
POSITION TITLE/DUTIES: _____ _____
SUPERVISORS NAME AND PHONE NUMBER: _____ _____
DATE STARTED: _____ DATE LEFT: _____ REASON FOR LEAVING: _____ _____

EMPLOYER NAME AND ADDRESS: _____ _____
POSITION TITLE/DUTIES: _____ _____
SUPERVISORS NAME AND PHONE NUMBER: _____ _____
DATE STARTED: _____ DATE LEFT: _____ REASON FOR LEAVING: _____ _____

EMPLOYER NAME AND ADDRESS: _____
POSITION TITLE/DUTIES: _____
SUPERVISORS NAME AND PHONE NUMBER: _____
DATE STARTED: _____ DATE LEFT: _____
REASON FOR LEAVING: _____

TYPES OF EQUIPMENT YOU ARE QUALIFIED TO OPERATE: _____

PROFESSIONAL LICENSES, CERTIFICATIONS, REGISTRATIONS: _____

OTHER SKILLS YOU WISH TO BRING TO THE EMPLOYERS ATTENTION: _____

INFORMATION TO THE APPLICANT: AS PART OF OUR PROCEDURE FOR PROCESSING YOUR EMPLOYMENT APPLICATION, YOUR PERSONAL AND EMPLOYMENT REFERENCES MAY BE CHECKED. IF YOU HAVE MISREPRESENTED OR OMITTED ANY FACTS ON THIS APPLICATION, AND ARE SUBSEQUENTLY HIRED, YOU MAY BE DISCHARGED FROM YOUR JOB. YOU MAY MAKE A WRITTEN REQUEST FOR INFORMATION DERIVED FROM THE CHECKING OF YOUR REFERENCES.

IF NECESSARY FOR EMPLOYMENT, YOU MAY BE REQUIRED TO: SUPPLY YOUR BIRTH CERTIFICATE OR OTHER PROOF OF AUTHORIZATION TO WORK IN THE US, HAVE A PHYSICAL EXAMINATION AND/OR A DRUG TEST, OR TO A SIGN A CONFLICT OF INTEREST AGREEMENT AND ABIDE BY ITS TERMS.

I UNDERSTAND AND AGREE TO THE INFORMATION SHOWN ABOVE:

SIGNATURE: _____ DATE: _____

EQUAL EMPLOYMENT OPPORTUNITY: WHILE MANY EMPLOYERS ARE REQUIRED BY FEDERAL LAW TO HAVE AN AFFIRMATIVE ACTION PROGRAM, ALL EMPLOYERS ARE REQUIRED TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY AND MAY ASK YOUR NATIONAL ORIGIN, RACE AND SEX FOR PLANNING AND REPORTING PURPOSES ONLY. THIS INFORMATION IS OPTIONAL AND FAILURE TO PROVIDE IT WILL HAVE NO AFFECT ON YOU APPLICATION FOR EMPLOYMENT.