



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

1125 Lexington Ave, Rochester, NY 14606

**Accede Mold & Tool is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.*

DATE _____

CONTACT

Name: _____
Last, First, Middle
Address: _____
Number & Street, City, State, Zip Code
Phone Number (____) _____ Email _____

PERSONAL

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 Years Completed 1 ___ 2 ___ 3 ___ 4 ___

Diploma: Yes ___ No ___ or G.E.D.: Yes ___ No ___

School(s) Attended:

Name _____ City/State _____

Name _____ City/State _____

COLLEGE and/or VOCATIONAL SCHOOL: Number of Years Completed: 1 ___ 2 ___ 3 ___ 4 ___

School(s) Attended:

Name _____ City/State _____

Major _____ Degree(s) Earned _____

Name _____ City/State _____

Major _____ Degree(s) Earned _____

OTHER TRAINING / DEGREE:

School(s) Attended:

Name _____ City/State _____

Course(s) _____

Degree /Certificate Earned _____

Name _____ City/State _____

Course(s) _____

Degree /Certificate Earned _____

POSITION SOUGHT: _____

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

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

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) _____

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 _____

Salary _____ Supervisor _____ Department _____

Duties _____

Full Time _____ Part Time _____ No. of Hrs. per Week _____

Reason for Leaving _____

Employer _____ Address _____ Telephone _____

Position Dates of Employment: From _____ To _____

Salary _____ Supervisor _____ Department _____

Duties _____

Full Time _____ Part Time _____ No. of Hrs. per Week _____

Reason for Leaving _____

Employer _____ Address _____ Telephone _____

Position Dates of Employment: From _____ To _____

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Full Time _____ Part Time _____ No. of Hrs. per Week _____

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Employer _____ Address _____ Telephone _____

Position Dates of Employment: From _____ To _____

Salary _____ Supervisor _____ Department _____

Duties _____

Full Time _____ Part Time _____ No. of Hrs. per Week _____

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:



PROFESSIONAL

Name _____
Address _____

Phone _____

Name _____
Address _____

Phone _____

PERSONAL

Name _____
Address _____

Phone _____

Name _____
Address _____

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.

Applicant Signature _____ Date: _____