



APPLICATION FOR EMPLOYMENT

Hammond & Irving, Inc. is an equal opportunity/affirmative action employer. As such, it is the policy of Hammond & Irving not to discriminate against applicants or employees in any facet of employment on the basis of race, color, sex, age, religion, national origin, sexual orientation, gender identity, disability, veteran status, genetics or any other basis protected by applicable state and federal law. If an applicant requires a reasonable accommodation in connection with the application process, please notify [the Human Resources Department] as soon as possible.

DRUG TESTING REQUIREMENT

Applicants may be tested for illegal drugs according to the procedures permitted by applicable law and must pass any administered drug test(s) to be considered eligible for employment. Hammond & Irving will reject any application for employment submitted by an individual who refuses to take a lawful drug test, refuses to sign any related testing documentation permitted under law, or adulterates a drug test sample.

INSTRUCTIONS: Please type or print, legibly. Please answer all questions. If a question does not apply to you, please respond "N/A" (not applicable). Hammond & Irving will not accept, nor will it consider, incomplete employment applications.

Last Name	First Name	Middle Initial
Address	Number	Street
City	State	Zip Code
		Telephone Number(s)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> DOL <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Cayuga Works <input type="checkbox"/> Other _____	

Best time to contact you at home is:	____:____AM ____:____PM
Have you ever filed an application with us before? If Yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If Yes, when? From _____ to _____ What position(s) did you hold? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know any of our current employees? If Yes, state their name, and any relationship to you _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years of age? If not, can you provide proof regarding your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the United States without sponsorship from our company?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full Time (please indicate 1 2 3 or any shift)
 Part Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicated dates available ___/___ - ___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

School	Name and Address of School	Course of Study	Number of Years	Diploma / Degree
High School			Completed	
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, sex, age, religion, national origin, sexual orientation, gender identity, disability, veteran status, genetics or any other basis protected by applicable state and federal law.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any gaps in employment.

Describe any specialized training, apprenticeship, and skills.

You may exclude membership which would reveal race, color, sex, age, religion, national origin, sexual orientation, gender identity, disability, veteran status, genetics or any other basis protected by applicable state and federal law.

Describe any job-related training received in the United States Military.

List professional, trade or business activities and offices held.

You may exclude membership which would reveal race, color, sex, age, religion, national origin, sexual orientation, gender identity, disability, veteran status, genetics or any other basis protected by applicable state and federal law.

ADDITIONAL INFORMATION

Other Qualifications *Please summarize any special job-related skills and additional qualifications that you feel are relevant and would like for us to consider.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile	
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	Machinery	Other
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT

THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

I have reviewed the job duties involved in the position for which I am applying. _____
Applicant To Initial

PERSONAL/PROFESSIONAL REFERENCES: Do not include family members

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that the provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge.

In this regard, I hereby authorize Hammond & Irving to investigate all of the statements and answers contained in this employment application as may be necessary to make an employment determination. Specifically, I authorize former employers, companies, schools and persons to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records.

I hereby release and hold harmless Hammond & Irving and its agents, owners, representatives and affiliates, and any individual or entity, including but not limited to, those described above, that shall provide information to Hammond & Irving, from and against any and all claims, demands, suits or expenses from or related to the content, validity or handling of the information and/or reports provided above.

I agree that falsified information or material omissions will disqualify me from employment, will result in the withdrawal of any offer of employment, and will be considered cause for dismissal if discovered at a later date.

If employment is obtained under this application, I will comply with all rules and regulations of Hammond & Irving and further agree to be responsible for company property and equipment issued to me until returned to Hammond & Irving.

I hereby agree to submit to any lawful drug or alcohol testing that may be required as a condition of employment and understand that refusal to submit to such testing may result in the withdrawal of any offer of employment.

I understand that according to federal law all individuals must, as a condition of employment, produce certain documentation to verify their identity as a U.S. citizen/legal permanent resident or, if a foreign national, their legal authorization to work in the United States. As a result, I understand that any offer of employment would be contingent upon my ability to produce the required documentation within the time period required by law.

I hereby understand that if my application for employment with Hammond & Irving is successful, my employment relationship with this company is "at-will," meaning that I may resign at any time and Hammond & Irving may fire me at any time, with or without cause and with or without notice. It is further understood that my employment relationship will continue to be "at-will," unless expressly changed by a written employment agreement or labor contract.

This application for employment shall be considered active for a period of time not to exceed 45 days. In order to be considered for any available job openings that may exist after the 45-day period has expired, I must complete a new application for employment with Hammond & Irving.

_____ Signature of Applicant	_____ Date
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