

EXPERIENCE - Starting with the most recent, describe ALL paid or military experience. List your knowledge, skills and abilities which best demonstrate your qualifications for this position.

Current/Most Recent Employment - Name of Company:		Employment Dates: Started: _____ Ended: _____
Address:	State/Zip Code:	Area Code/Phone:
May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Job Title:	Salary: \$ <input type="checkbox"/> Per Hr. <input type="checkbox"/> Per Mo.
Your Immediate Supervisor's Name:	Your First and Last Name While Employed:	Your Reason for Leaving this Company:

Nature of your Duties:

1st Previous Employment - Name of Company:		Employment Dates: Started: _____ Ended: _____
Address:	State/Zip Code:	Area Code/Phone:
May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Job Title:	Salary: \$ <input type="checkbox"/> Per Hr. <input type="checkbox"/> Per Mo.
Your Immediate Supervisor's Name:	Your First and Last Name While Employed:	Your Reason for Leaving this Company:

Nature of your Duties:

2nd Previous Employment - Name of Company:		Employment Dates: Started: _____ Ended: _____
Address:	State/Zip Code:	Area Code/Phone:
May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Job Title:	Salary: \$ <input type="checkbox"/> Per Hr. <input type="checkbox"/> Per Mo.
Your Immediate Supervisor's Name:	Your First and Last Name While Employed:	Your Reason for Leaving this Company:

Nature of your Duties:

Employment Date Gaps (Please explain any gaps in Employment Dates)

PROFESSIONAL OR TECHNICAL REGISTRATION, LICENSE AND/OR CERTIFICATION

1. Type:	School Received From:	Number:
Issue Date:	Expiration Date:	State:
2. Type:	School Received From:	Number:
Issue Date:	Expiration Date:	State:

LIST YOUR SPECIAL SKILLS, including machines or equipment and your proficiency level (e.g. Type 45 WPM). Also, please list any activities, experiences, achievements and/or qualifications which are relevant to this application for employment.

MISCELLANEOUS INFORMATION/AFFIDAVIT - Please read the information and answer all of the questions carefully.

Are you currently authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.</i>
Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, can you provide proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
What status are you applying for? <input type="checkbox"/> Any <input type="checkbox"/> Full-Time <input type="checkbox"/> Regular Part-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
What shift are you applying for? <input type="checkbox"/> Any <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends	
What are your desired work days? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Date available to begin work?	Minimum Salary Acceptable? \$ _____ Per: <input type="checkbox"/> Hr <input type="checkbox"/> Month
Are you willing to accept employment which requires you to travel? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> During the day only <input type="checkbox"/> Occasionally overnight	
Are you willing to provide your own transportation if necessary for your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you hold a current and valid driver's or commercial chauffeur's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give type, expiration date and number	
Has your license been revoked or suspended in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give year and reason	
Have you been discharged or asked to resign within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?	
Have you ever been convicted or plead guilty of a felony in the last 12 months, or are you currently charged with the commission of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why and when?	

I certify that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of acts called for in this application or during the interview may result in rejection of my application or immediate discharge at any time during my employment. I understand that employment may be contingent upon, but not limited to, receipt of satisfactory references, an employment physical, license verification, criminal history, motor vehicle driving records, and proof of identity and authorization to work in the United States.

In consideration of my employment, I agree to conform to the rules and regulations for Seneca Cayuga Tobacco Company and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of Seneca Cayuga Tobacco Company or myself. I understand that only the General Manager, as a representative of Seneca Cayuga Tobacco Company has any authority to enter into any agreement for employment for any specified period, and to make any agreement contrary to the foregoing.

I understand that the use of illegal drugs is prohibited during employment. I consent to submit to a Drug Screening Test for illegal drugs, including Urine Screening Test, to determine the presence of illegal drugs.

Applicant's Signature _____ Date _____