



85 Innsbruck Dr.
Cheektowaga, NY 14227

Phone: 716-706-0320
800-433-0038
Fax: 716-706-0319

Employment Application

Position applying for:

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Name

First Name	Last Name	Middle Initial

Have you ever been known by any other name? (Maiden or other name change) YES NO
If you answered yes, list the name(s) below and specify (Include maiden name, Tribal name, Aliases)

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Home Address

Street Name and Number		Apartment Number
City	State	Zip Code

Email Address:

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Contact Telephone Number: Home Work Cell

Area Code	Telephone Number

Emergency Contact Telephone Number: Home Work Cell

Area Code	Telephone Number

Name	Relationship



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Are you legally eligible to work in the US and possess valid ID(s) to complete an I9? YES NO

Are you a Veteran? YES NO

Do you have reliable transportation? YES NO

Are you able to work weekends? YES NO

Do you have any medical/impairment or disability which would restrict you from lifting items upwards of 50 pounds and prolonged periods of standing? YES NO

If selected for employment, are you willing to submit to a background check? YES NO

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SIGNATURE FOR AUTHORIZATION -I authorize Gordon Companies Inc. and/or its agents to obtain Information about me regarding my previous work or history related to employment or my background.

Driver License / ID or Passport information

Type (Passport ID Driver License)

NUMBER	Issued by: State	Expiration Date

Educational Data

Year Attended	Name of and location of School	Diploma, Degree, Certification

Employment Data

In the chart below, begin with your most recent or present position and work backwards. (Last 3 years)

FROM	TO	Name of Business & City/St	Telephone Number	Position



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Civil, Criminal and Investigatory Proceedings – YES NO

(If yes please complete)

Are you currently on probation or any restrictions? YES NO

Please list all incidents in the last 10 years **even if:** The records relating to the arrest or charges have been dismissed, expunged, or sealed by court order. (You do not need to include any Traffic Infractions”)

Nature of Charge	Date of Incident	Name Address of Law Enforcement Agency of Court	Disposition	Sentence Imposed

References:

Please provide the names and other information of Three (3) references over the age of 18 who have known you for at least 1 year. **No person related to you may be used as a reference.**

Reference 1

Name	
Home Address	
Telephone Number	
Email Address	



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(References continued)

Reference 2

Name	
Home Address	
Telephone Number	
Email Address	

Reference 3

Name	
Home Address	
Telephone Number	
Email Address	

I affirm the statements made by me are true and complete to my best of knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Initial _____

Signature: _____

Date: _____

Print Name: _____