



# Colvin / Colvin Cleaners / Draperies

2375 Elmwood Ave. Kenmore, New York 14217

Tel: 716-873-2952 Fax: 716-875-4929 Web: [www.colvincleaners.com](http://www.colvincleaners.com)

DATE \_\_\_\_\_

## AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT: Read terms of employment carefully. Please print answers to every question. Colvin Cleaners does not discriminate because of race, color, religion, national origin, age, sex, disability, handicap or other protected class.

INSTRUCTIONS: PRINT OUT THIS FORM, FILL IT IN WITH PEN AND FAX OR MAIL IT IN USING THE ADDRESS OR FAX NUMBER ABOVE.

<b>PERSONAL</b>	FIRST NAME	MIDDLE	LAST		
	PRESENT STREET ADDRESS	CITY	STATE	ZIP	PHONE
	PERMANENT STREET ADDRESS	CITY	STATE	ZIP	PHONE
	POSITION APPLIED FOR	SALARY DESIRED		SOCIAL SECURITY NUMBER	
	EARLIEST DATE AVAILABLE	HOW WERE YOU REFERRED			
	HAVE YOU EVER WORKED FOR COLVIN CLEANERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATES.				
	HAVE YOU PREVIOUSLY APPLIED AT COLVIN CLEANERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE.				
TYPE OF EMPLOYMENT DESIRED:			SHIFT PREFERENCE:		
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> DAYS <input type="checkbox"/> AFTERNOONS <input type="checkbox"/> EVENINGS		

<b>EDUCATION</b>	LIST ALL SCHOOLS ATTENDED	NAME & ADDRESS OF SCHOOL	Graduate Yes/No	Degree/Type of Diploma	Major
	High School	_____			
	College/University	_____			
	Graduate School	_____			
	Business/Technical	_____			

<b>GENERAL</b>	Are you on a layoff and subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO (Such conviction may be relevant if job related but does not bar you from employment.) State nature of offense, court, and date of conviction.
	Will you work overtime if required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Are you at least 18 years of age? or <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If under 18, can you furnish a work permit?	
Will you consent to a pre-employment drug screening? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**EMPLOYMENT HISTORY**

LIST MOST RECENT EMPLOYERS FIRST. ACCOUNT FOR ALL PERIODS SINCE LEAVING SCHOOL. USE ADDITIONAL SHEET IF NECESSARY.

COMPANY		ADDRESS		PHONE	
STARTING DATE: MO.      YR.	ENDING DATE: MO.      YR.	BEGINNING SALARY: \$                      PER		FINAL SALARY: \$                      PER	
SUPERVISOR (NAME AND TITLE):			YOUR POSITION (TITLE):		
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING:					
MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
MAY WE CONTACT YOU AT YOUR PRESENT EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, GIVE PHONE NUMBER (AREA CODE FIRST): _____					
COMPANY		ADDRESS		PHONE	
STARTING DATE: MO.      YR.	ENDING DATE: MO.      YR.	BEGINNING SALARY: \$                      PER		FINAL SALARY: \$                      PER	
SUPERVISOR (NAME AND TITLE):			YOUR POSITION (TITLE):		
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING:					
COMPANY		ADDRESS		PHONE	
STARTING DATE: MO.      YR.	ENDING DATE: MO.      YR.	BEGINNING SALARY: \$                      PER		FINAL SALARY: \$                      PER	
SUPERVISOR (NAME AND TITLE):			YOUR POSITION (TITLE):		
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING:					
COMPANY		ADDRESS		PHONE	
STARTING DATE: MO.      YR.	ENDING DATE: MO.      YR.	BEGINNING SALARY: \$                      PER		FINAL SALARY: \$                      PER	
SUPERVISOR (NAME AND TITLE):			YOUR POSITION (TITLE):		
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING:					
COMPANY		ADDRESS		PHONE	
STARTING DATE: MO.      YR.	ENDING DATE: MO.      YR.	BEGINNING SALARY: \$                      PER		FINAL SALARY: \$                      PER	
SUPERVISOR (NAME AND TITLE):			YOUR POSITION (TITLE):		
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING:					

**SKILLS AND INTERESTS**

LIST ANY FOREIGN LANGUAGE AND CHECK THE BOX THAT BEST DESCRIBES YOUR SKILL LEVEL				
LANGUAGE	READ/WRITE	READ/SPEAK	READ ONLY	SPEAK ONLY

**PLEASE INDICATE YOUR EXPERIENCE AS APPLICABLE WITH THE FOLLOWING**

Adding Machine     Typing \_\_\_ WPM     Calculator     Key punch     Speedwriting/Shorthand \_\_\_ WPM

Word Processing Equipment     Computer Hardware Equipment (list) \_\_\_\_\_

Computer Software Packages (list programs) \_\_\_\_\_

Machine Repair/Maintenance (describe) \_\_\_\_\_

Any other skills not listed (describe) \_\_\_\_\_

**DO YOU HAVE ANY SPECIAL INTEREST OR HOBBIES THAT MAY BE BENEFICIAL TO THE COMPANY?**

Do you like working with numbers performing basic math calculations? \_\_\_\_\_

Do you like to teach/train people? \_\_\_\_\_

Do you prefer to work in groups or independently? \_\_\_\_\_

Do you prefer doing manual work that requires using your hands, standing, walking and lifting; or, do you prefer sitting at a desk processing paperwork and handling continuous phone inquiries? \_\_\_\_\_

**MILITARY**

BRANCH OF SERVICE (U.S. only)	DATES
RANK OR RATING AT ENTRY	AT SEPARATION
AWARDS/ CITATIONS	
BRIEFLY DESCRIBE DUTIES AND TECHNICAL SCHOOLS ATTENDED	

**REFERENCES**

LIST PERSONS SUCH AS FORMER CO-WORKERS, SUPERVISORS, ETC. WHO ARE FAMILIAR WITH YOUR EMPLOYMENT BACKGROUND & QUALIFICATIONS. DO NOT LIST RELATIVES OR PERSONAL FRIENDS.

NAME	ADDRESS	
OCCUPATION	BUSINESS PHONE ( )	
NAME	ADDRESS	
OCCUPATION	BUSINESS PHONE ( )	
NAME	ADDRESS	
OCCUPATION	BUSINESS PHONE ( )	

