



APPLICATION FOR EMPLOYMENT

P O Box 367, Poland NY 13431
 ph 315-826-3758, fax 315-826-7224

Rommel Fence, headquartered in Poland, NY, is an equal opportunity employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of local, state and federal law. Rommel Fence also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. Please advise if you require an accommodation in the application process.

PERSONAL

Please print all information except your signature.

Date: _____

Name _____ Telephone No.: _____

Present Address _____
 NO. STREET CITY STATE ZIP

Previous Address _____
 NO. STREET CITY STATE ZIP

Applying for _____ Rommel Fence operates Monday thru Saturday. Are you available these days? Yes No
 explain _____

Rate of pay expected \$ _____ per hr.
 What date will you be available for work? _____

How were you referred to us?
 Advertisement Friend
 Current Employee Other
 Specify _____

Were you previously employed by us? Yes No If yes, when? _____

Are you legally authorized to work in the United States? Yes No
 (You will be required upon employment to submit verification of your legal right to work in the United States.)

Have you ever been discharged or have you resigned from a job because your employer indicated that it believed you were involved in workplace incident(s) relating to violence, threats of violence, possession of weapons, suspected theft, repeated harassment of employees, customers or vendors, lewd behavior, possession of alcohol or illegal drugs, or being under the influence of alcohol or illegal drug usage at its workplace? Yes No

If so, please explain _____

Use the space below to summarize any additional experiences or skills that help qualify you for the position for which you are applying.

EDUCATION

NAME OF SCHOOL AND CITY	GRADUATED		YEARS COMPLETED	MAJOR	GRADE POINT AVERAGE
	YES	NO			
HIGH SCHOOL				XXXX	
COLLEGE					
GED OR OTHER					
HOBBIES; INTERESTS					

EMPLOYMENT

LIST YOUR WORK EXPERIENCES BEGINNING WITH YOUR MOST RECENT. ATTACH ANY ADDITIONAL EMPLOYMENT OR INFORMATION ON AN ADDITIONAL PAGE.

NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED
	FROM	TO	
	RATE OF PAY	RATE OF PAY	
ADDRESS			
CITY & STATE			
PHONE NUMBER	POSITION	POSITION	
TYPE OF BUSINESS			
NAME OF SUPERVISOR			
			REASON FOR LEAVING:
NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED
	FROM	TO	
	RATE OF PAY	RATE OF PAY	
ADDRESS			
CITY & STATE			
PHONE NUMBER	POSITION	POSITION	
TYPE OF BUSINESS			
NAME OF SUPYRVISOR			
			REASON FOR LEAVING:
NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED
	FROM	TO	
	RATE OF PAY	RATE OF PAY	
ADDRESS			
CITY & STATE			
PHONE NUMBER	POSITION	POSITION	
TYPE OF BUSINESS			
NAME OF SUPYRVISOR			
			REASON FOR LEAVING:

Training and Certifications	DATES		Additional Training and Certifications
	Year	Refresher	
OSHA 10 HR COMPETENT PERSON			
OSHA FORKLIFT			
OSHA 30 HR HAZMAT			
CDL Class _____ restrictions _____			
FIRST AID/CPR			

The information contained in this application is true and complete to the best of my knowledge and belief. I understand that any false or inaccurate information or misrepresentation of fact or omission of information requested, as stated or implied, given in my application, interview(s), or any other employment form, may be sufficient reason not to hire me and may be reason for dismissal.

I understand that, if hired, I will be required to provide documentation of both my identity and employment eligibility in the United States in accordance with the Immigration Reform and Control Act of 1986.

I understand that, if hired, my employment will be subject to various guidelines, rules and regulations of Rommel Fence as stated in the employee handbook, any policy and procedure manual or other communications to employees. I further understand that Rommel Fence policies and procedures are subject to modification without notice.

Requirements of Employment at Rommel Fence

I understand that I will be required to pass a **pre-employment drug screen**, and if hired, I will be subject to Rommel Fence drug and alcohol testing policy during my employment, including random and testing for cause.

A requirement of employment at Rommel Fence is possession of a valid drivers' license and applicant must be acceptable to Rommel Fences insurance carrier. By filling out the statement below the applicant grants permission for Rommel Fence and its agents to receive a copy of your Motor Vehicle record.

FEDERAL DRIVER PRIVACY PROTECTION ACT AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

For the sole purpose of the determination and evaluation of my motor operating record and pursuant to State and Federal regulations of compliance, I, _____ (print name) authorize Rommel Fence LLC to obtain my Motor Vehicle record. I understand that this record may contain personal information concerning any/all driver violations and/or accidents, which may be on record through the NYS Department of Motor Vehicles. In addition, should my application be accepted for employment or upon my employment as an Employee for Rommel Fence LLC. I further authorize ANY/ALL additional requests for the sole purpose of my continued evaluation and eligibility standards under State and Federal regulatory compliance requirements.

Print Name _____ Signature _____

Driver's License # _____ Date _____