

Alden Equipment, Inc. Employment Application

The applicant understands and agrees that a false statement of fact given to any question asked herein shall constitute immediate grounds for the termination of the employee upon the discovery of same by Alden Equipment, Inc. _____ (Initials)

Date _____

Name _____ Telephone Number _____

Address _____ City _____

County _____ State _____ Zip Code _____ Referred by _____

Position(s) applied for: _____

I certify that I am a U S citizen, permanent resident, or a foreign national with authorization to work in the United States: Yes _____ No _____

Do you have any impairment's, physical, mental, or medical, which would interfere with your ability to perform the job for which you have applied? _____ If answer is "yes", please explain _____

What salary (earning) would seem reasonably satisfactory to you? To start: _____

If hired, date you would be available to start work? _____

Do you have a reliable means of transportation to get you to work on time? _____

May we contact references, former employers and other sources? _____

Are you a U.S. Veteran? _____ Date and type of discharge: _____

Are you currently a member of the U. S. Armed Force Reserve? _____

Do you have a valid Driver's License? _____ Driver's License # _____ State: _____

Do you have any current marks against your license? _____

Have you had any criminal convictions? _____ If yes, please explain: _____

EDUCATION

	School	Major	Years Completed				Yr Graduated
			1	2	3	4	
High/Prep.							
College							
Business							
Trade							

SPECIAL TRAINING

What type of machinery or system can you operate

Type of machine or system	Formal Training Name of School	Number of Months	Experience/ Name of Co.	Number of Months

WORK EXPERIENCE

Start with most recent job and list other jobs in sequence

Company	Supervisor	Hrs/Wk
Address	Start Date	Starting Salary
City, State, Zip Code	End Date	Final Salary
Reason for Leaving (be specific)		
List jobs held, duties performed while you worked for this company		
May we contact this employer? Yes _____ No _____		

Company	Supervisor	Hrs/Wk
Address	Start Date	Starting Salary
City, State, Zip Code	End Date	Final Salary
Reason for Leaving (be specific)		
List jobs held, duties performed while you worked for this company		
May we contact this employer? Yes _____ No _____		

Company	Supervisor	Hrs/Wk
Address	Start Date	Starting Salary
City, State, Zip Code	End Date	Final Salary
Reason for Leaving (be specific)		
List jobs held, duties performed while you worked for this company		
May we contact this employer? Yes _____ No _____		

REFERENCES

Do not use members of your family or relatives.

Name	Position	Address	Telephone

Do you know anyone personally in this Company? If so, whom: _____

POST EMPLOYMENT QUESTIONS

Date of Birth: Month _____ Day _____ Year _____ Social Security Number _____

Marital Status _____ Number of Dependents _____

In case of emergency notify _____ Relationship _____ Telephone _____

If employed by Alden Equipment, Inc., I agree that, if at any time I shall make claim against the company for personal injuries, upon written request I will submit myself to examination by a physician or physician's of the Company's selection as often as may be requested. If the Company carries or shall carry insurance under an Employee's Compensation law, I agree, in case of injury to accept such insurance in lieu of damages. I hereby give my permission to obtain my motor vehicle record, as it may be necessary for me to drive a company vehicle from time to time.

Signature _____

Application may be:

- mailed to our corporate office at 66 ½ Bridge Street, Amsterdam, NY 12010,
- faxed it to us at (518) 842-9977,
- emailed to employment@aldenequipment.com