

# JOB APPLICATION

Henning's Local  
6 Old County Road, Cochection, NY 12726  
(845) 252-3008

Henning's Local is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should the applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out the sections below:*

## **Applicant Information:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

## **Employment Position**

Position(s) applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Are you available: Full Time or Part Time

If overtime is available are you able to work overtime? Yes No

On What date can you start working if you are hired? \_\_\_\_\_

What days/times are you available to work:

\_\_\_\_\_

Are you available to work weekends and holidays? Yes No

Are you available to work nights? Yes No

Do you have reliable transportation to and from the work place? Yes No

**Personal Information:**

Do you have any friends, relatives, or acquaintances working for Henning's Local? Yes No  
If yes, state name and relationship:

\_\_\_\_\_

Are you 18 years of age or older? Yes No

Are you a U.S. citizen approved to work in the United States ? Yes No

Do you have a Valid Drivers License or State ID: Yes No

License/ID # \_\_\_\_\_

Will you consent to a controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

\_\_\_\_\_  
\_\_\_\_\_

*(Note: Henning's Local complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. )*

**Job Skills/Qualifications:**

Please list below the skills and qualifications you possess for the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education and Training**

**High School**

Name:	Location:	Year Graduated

**College/University**

Name:	Location:	Year Graduated

**Vocational School/Specialized Training**

Name:	Location:	Year Graduated

**Previous Employment:**

**Employer Name:** \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**References:**

Please provide 2 personal and 2 professional references below:

Professional Reference	Title	Contact Information

Personal Reference	Relationship	Contact Information

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**AT-WILL EMPLOYMENT**

The relationship between you and Henning’s Local is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice by you or Henning’s Local. No representative of Henning’s Local has the authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements regarding your employment can alter your at will employment status, except for a written statement signed by you and the owner.

Applicant Signature:

Dated:

\_\_\_\_\_

\_\_\_\_\_