

HUDSON VALLY EGG CO., INC.

329 South Ohioville Road

New Paltz, NY 12561

PH: 845-883-7095 FAX: 845-883-5024

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer.

If applicable to Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Last Name		First Name		Middle Initial		Social Security Number:	
Street Address			City/State		Zip Code		Phone #:
							Cell #:
Are you a U.S. Citizen? If not, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:		Wage/Salary Desired:		Full Time? Part Time?			
Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged?			If yes, when?		If yes, where?		
Date you can begin work?		Are you 18 years of age or older?		If under 18 years of age, you will be required to submit a work certificate as required by federal law.			
Name of high school attended:			City & State		Graduate?	GED?	
Name of college or technical school:			City & State		Graduate?	Degree?	Major:
Are you presently enrolled in school?			If yes, give name & address of school and expected degree date:				
List any job-related skills or accomplishments, including military service:							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				

- Give Three References That Are Not Former Employers Who We May Contact -		
Name and Occupation	How do you know them, and for how long?	Phone Number

Your Employment History

List names of employers with present or last employer listed first.

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor: Telephone:	Reason for Leaving:

May we contact your previous supervisor for a reference? Yes: No:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date:

Federal Driver Privacy Protection Act

Authorization to obtain motor vehicle report

I, _____ authorize my employer and/or

potential employer of Hudson Valley Egg Company, Inc.

Located at 329 South Ohioville. NY 12561 to obtain my Motor Vehicle Record from Ulster Insurance Services, Inc. I understand that this record may contain personal information including but not limited to child support and/or alimony payments as well as information on driving violations and accidents.

In addition to this initial request, as long as I am an employee of the above stated firm, I further authorize any/all additional requests for Motor Vehicle Record be submitted and reviewed as needed for the sole purpose of my continued evaluations and eligibility standards under the State and Federal regulatory compliance standards.

(Signature of employee and /or potential employee) (Date)

(Drivers license Number) (Date of Birth)

(Social security number) (License date)

