

(Applicant Name)

(Date)


St. Pauly Textile, Inc.

Application for Employment

Accessibility: If you need help completing this form please contact our main number: 585-924-7941.
St. Pauly Textile, Inc. is committed to equal opportunity for all, without regard to race, religion, color, national origin, citizenship, sex, sexual orientation, gender identity, age, veteran status, disability, genetic information, or any other protected characteristic.

St. Pauly Textile, Inc. will make reasonable accommodations for known physical or mental limitations of otherwise qualified employees and applicants with disabilities unless the accommodation would impose an undue hardship on the operation of our business.

APPLICANT INFORMATION

Full Name:	_____	_____	_____
	(Last)	(First)	(M.I.)
Address:	_____		
	(Street Address)		

	(Apartment/Unit Number)		
	_____	_____	_____
	(City)	(State)	(Zip Code)
Phone:	_____	Email:	_____
Position applied for:	_____		
Type of employment desired:	_____ Full-Time	_____ Part-Time	
Have you ever applied or worked for this company before	_____ Yes	_____ No	
If yes, when?	_____		
Are you at-least 18 years of age?	_____ Yes	_____ No	
<small>Please do not list your age or birth date anywhere on this application.</small>			
Are you legally authorized to work in the United States	_____ Yes	_____ No	
Do you have a reliable means of travel to work	_____ Yes	_____ No	

(Applicant Name)

(Date)



EDUCATION, CERTIFICATIONS AND SKILLS

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

Please list any additional professional certifications, memberships to professional associations and/or other skills you believe are worthwhile to this position:

(Applicant Name) _____

(Date) _____



WORK HISTORY

Please list your previous three employers here in descending order (most current first).
If you have additional employment history please include on an additional form.

Employer Name _____
Address: _____ Phone: _____
Position Held: _____ From: _____ To: _____
Supervisor's Name: _____
Reason for Leaving: _____

Employer Name _____
Address: _____ Phone: _____
Position Held: _____ From: _____ To: _____
Supervisor's Name: _____
Reason for Leaving: _____

Employer Name _____
Address: _____ Phone: _____
Position Held: _____ From: _____ To: _____
Supervisor's Name: _____
Reason for Leaving: _____

(Applicant Name)

(Date)

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PROFESSIONAL REFERENCES

Please provide up to three professional references. A professional reference is a person that can attest to your professional development, qualifications, successes, and speak to your ability to perform the duties of this position satisfactorily. They may be a previous employer, supervisor, co-worker, teacher, professor, affiliate of a professional association, or other.
Please do not list personal family members, friends or acquaintances.

1. _____
(Name) (Title) (Phone/Email)

Years Known _____

Please describe your relationship with this person – current or former – and why you chose them as a reference.

2. _____
(Name) (Title) (Phone/Email)

Years Known _____

Please describe your relationship with this person – current or former – and why you chose them as a reference.

3. _____
(Name) (Title) (Phone/Email)

Years Known _____

Please describe your relationship with this person – current or former – and why you chose them as a reference.

(Applicant Name)

(Date)



APPLICATION DISCLAIMER AND ACKNOWLEDGMENT

I, _____ (please print name) certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you.

I understand that if I am selected to continue in the hiring process I will be asked to participate in a formal background check including review of driver's abstract during a later part of the interview process. I understand that the driver's abstract will be supplied at my expense, of which will be reimbursed if I am hired.

I authorize St. Pauly Textile, Inc. and/or St. Pauly Textile East, Inc. ("Company") to request and receive such information. In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice.

In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or me. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing.

I hereby acknowledge that that this application will remain active for no more than 90 days and retained for no longer than one year from the date it was signed.

(Applicant Signature)

(Date)

Authorization for Background Check

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize St. Pauly Textile, Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____ (Please Print Name), authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish [Company Name] or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
INQUIRY TO STATE AGENCY FOR
DRIVER'S RECORD
391.23**

(Driver's Name)

(Driver's Operator's Lic. No.)

(Driver's Social Sec. No.)

Dear _____,

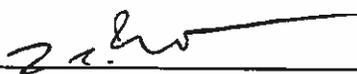
The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,



Signature of individual making inquiry

Joseph R. Howlett

(printed) Name of person making inquiry

Vice President

Title of person making inquiry

St. Pauly Textile, Inc.

Motor Carrier Name

1067 Gateway Drive

Farmington

NY

14425

Street Address

City

State

Zip