

EMPLOYMENT APPLICATION

Check the company you're applying for:


☐ HORSHT, LLC

161 Clear Road, Oriskany, NY 13424 | Phone: 315-736-2206, 1-800-500-0347 | Fax: 315-736-2285 | E-mail: hrjobs@fissales.com

We appreciate your interest in our organization and are sincerely interest in your background and qualifications. Please answer all questions as thoroughly as possible so we may review this information in consideration of employment with out organization. We are an Equal Opportunity Employer and will recruit, hire, promote and train in all jobs without regard to race, color, religion, age, disability, veteran status or non-job related felony conviction records.

Personal Information

Last			First			Middle			Home Phone				
Street Address				City				State		Zip		Mobile Phone	
												Email	

Are you entitled to work in the United States? ☐ Yes ☐ No Are you 18 or older? ☐ Yes ☐ No

Have you been convicted of felony or been incarcerated in connection with felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No War	
What position are you applying for?		How did you hear about this position?	
Preference for position that you are applying for? <input type="checkbox"/> Full Time Position <input type="checkbox"/> Part Time Position		Specified days if part-time <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Expected Hourly Rate	Expected Weekly Earnings	Date Available	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	Name/Location	Last Year Complete	Mth/Year Completed	Degree	Major or Emphasis
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Trade School					
Other					
List any applicable special skills, training or proficiencies					

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	FromTo	FromTo	FromTo
Position/Job Title			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Prior	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	FromTo	FromTo	FromTo
Position/Job Title			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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EEO-1 Voluntary Self Identification Form

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment.

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires us to determine this information by visual survey and/or other available information.

JOB TITLE / JOB APPLIED FOR: _____

DATE COMPLETED: _____

GENDER: (Please check one of the options below)

_____ Male _____ Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

___ Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

___ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

___ I do not wish to disclose.