PSG APPLICATION FOR EMPLOYMENT

8649 S Main St, Poland NY 13431 ph 315-826-3761, fax 315-826-3755



Poland Sand and Gravel (PSG) located in Poland, NY, is an equal opportunity employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of local, state, and federal law. PSG also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. Please advise if you require an accommodation in the application process.

PERSONAL

		Ticase	print all information e	except you	r signai		te:	
ame					Tele	ephone No.:		
esent Address _		CTREET	SIT) (CT.1TF	710	
	NO.	STREET	CITY			STATE	ZIP	
revious Address	NO.	STREET	CITY			STATE	ZIP	
oplying for			PSG operates Monday t	thru Saturda	ıy. Are y	you available 1	these days? o \	es o No
, p., j <u> </u>			explain					
Rate of pay expected \$per hr. What date will you be available for work?					How were you	referred to us	5?	
ere vou previou	ısly employed	d by us? o Yes o No				 Advertisement 		o Friend
Vere you previously employed by us? o Yes o No			yes,e			O CurrentEmp	oloyee	o Other
e you legally a	uthorized to	work in the United S	States? o Yes o No					
			states? o Yes o No tion of your legal right to wo	ork in the Unit				
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EMPLOYMENT

LIST YOUR WORK EXPERIENCES BEGINNING WITH YOUR MOST RECENT. ATTACH ANY ADDITIONAL EMPLOYMENT OR INFORMATION ON AN ADDITIONAL PAGE.

	EMPLOYME	NT DATES	DESCRIBE DUTIES PERFORMED
NAME OF EMPLOYER	FROM	TO	
			1
ADDRESS			1
	_		
CITY & STATE			
PHONE NUMBER			-
	POSITION	POSITION	
TYPE OF BUSINESS			
NAME OF SUPERVISOR			
NAME OF SOFERVISOR			
			REASON FOR LEAVING:
	EMPLOYME	NT DATES	DESCRIBE DUTIES PERFORMED
NAME OF EMPLOYER	FROM	то	
ADDRECC			
ADDRESS			
CITY & STATE			
PHONE NUMBER	POSITION	POSITION	
TYPE OF BUSINESS			
NAME OF SUPYRVISOR			
			REASON FOR LEAVING:
NAME OF TARLOVER	EMPLOYME		DESCRIBE DUTIES PERFORMED
NAME OF EMPLOYER	FROM	TO	
ADDRESS			
CITY & STATE			
PHONE NUMBER			
FROME NUMBER	POSITION	POSITION	
TYPE OF BUSINESS			
NAME OF SUPYRVISOR			
			REASON FOR LEAVING:
References:			
Name, phone #			
Name, phone #			

	DA	TES	Additional Training and Certifications
Training and Certifications	Year	Refresher	
OSHA 10 HR COMPETENT PERSON			
OSHA FORKLIFT			
OSHA 30 HR HAZMAT			
CDL Classrestrictions			
FIRST AID/CPR			_
understand that any false or inaccurrequested, as stated or implied, give be sufficient reason not to hire me at I understand that, if hired, I will be eligibility in the United States in accurrence I understand that, if hired, my emplements as stated in the employee handless.	ate information in my ind may require cordance coyment cook, a	ormation or y application or be reason d to providue e with the will be sub ny policy ar	and complete to the best of my knowledge and belief. It misrepresentation of fact or omission of information on, interview(s), or any other employment form, may for dismissal. The documentation of both my identity and employment almmigration Reform and Control Act of 1986. The documentation of both my identity and employment almmigration Reform and Control Act of 1986. The documentation of both my identity and employment almmigration Reform and Control Act of 1986. The documentation of both my identity and employment almmigration Reform and Control Act of 1986. The documentation of both my identity and employment almmigration Reform and Control Act of 1986. The documentation of both my identity and employment almmigration Reform and Control Act of 1986. The documentation of both my identity and employment almmigration Reform and Control Act of 1986. The documentation of both my identity and employment almmigration Reform and Control Act of 1986. The documentation of both my identity and employment almmigration Reform and Control Act of 1986. The documentation of both my identity and employment almmigration Reform and Control Act of 1986.
I understand that I will be required t	to pass	a pre-emp	nt at Poland Sand and Gravel loyment drug screen, and if hired, I will be subject to during my employment, including random and testing
	By filli	ing out the	a valid drivers' license and applicant must be statement below the applicant grants permission for sicle record.
For the sole purpose of the determination of compliance, I, Gravel to obtain my Motor Vehicle record any/all driver violations and/or accident In addition, should my application be accorded.	d. I undents, which	evaluation of erstand that th may be on for employm ditional requ	my motor operating record and pursuant to State and (print name) authorize Poland Sand and this record may contain personal information concerning record through the NYS Department of Motor Vehicles. The nent or upon my employment as an Employee for Poland uests for the sole purpose of my continued evaluation and compliance requirements.
Print Name		Sign	nature
Driver's License #			e

Laborers-Physical Demands Acknowledgement

Please review the list below. Answer Y if you can complete the task without restriction. Add any exceptions in the comments section.

I am able to:

Y/N	Description of task	Comments
	Stand for long periods of time	
	Use hands to handle, control or feel objects, grasp tools	
	Complete same movement multiple times ex using pliers	
	Walk for long periods of time	
	Bend, stretch, twist, and reach out holding 10 lbs	
	Kneel, stoop, crouch, or crawl	
	Use muscles to lift, push, pull or carry heavy objects up to 90 lbs	
	Hold arm and hand in position or hold steady when moving the arm	
	Move two or more limbs while remaining in place-ex hold arms overhead	
	Make quick, precise adjustments to machine controls	
	Be physically active for long periods without getting out of breath	
	Use fingers to grasp, move, or assemble small objects	
	Speak clearly so listeners can understand	
	Hear when others are speaking	
	See details of objects that are less than a few feet away	
	See details of objects that are more than a few feet away	

Name	
Signature	
Date	