



Thermold Corporation 7059 Harp Road, Canastota, NY 13032  
 T: 315-697-3924 F: 315-697-7177 [www.thermold.com](http://www.thermold.com)

Date:		
Applicant Name:		
Present Address:		
Telephone:		Social Security No.:
Permanent Address (If different from present address):		
Are you 18 years old or older?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you authorized to work in the U.S.?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked or attended school under another name? If so, under what name?		
<p>Have you ever been convicted of a crime?* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give details, including date(s):</p> <p>*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.</p>		
<b>POSITION DESIRED</b>		
Position:	Date you can start:	Hourly rate/monthly salary desired:
Do you prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time  If part-time, hours per week desired:	Hours you are available to work:  Days of week you are available to work:	
Are you able to work:		
Weekends* <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays?* <input type="checkbox"/> Yes <input type="checkbox"/> No Nights?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
*if required for the position for which you're applying		
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you previously worked for this company? If so, from _____ to _____		
Reason for leaving:		
Former Supervisor(s) at this company:		
How did you learn about this opening?		
<b>EDUCATION</b>		
High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education or training:		
Can you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, WPM: _____		
Are you familiar with personal computers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> PC <input type="checkbox"/> MAC		
What computer programs are you familiar with?		
<b>MILITARY EXPERIENCE</b>		
Branch of Service:	Rank at Discharge:	
Education and Training:		
<b>WORK EXPERIENCE</b>		
Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.		
Employer:	Address:	
From _____ to _____	Position Held:	Reason for leaving:
Supervisor's Name & Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:		
Starting Hourly Wage:	Ending Hourly Wage:	
Employer:	Address:	
From _____ to _____	Position Held:	Reason for leaving:
Supervisor's Name & Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:		
Starting Hourly Wage:	Ending Hourly Wage:	

Employer:		Address:	
From	to	Position Held:	Reason for leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Starting Hourly Wage:		Ending Hourly Wage:	
<b>REFERENCES</b>			
Please list three references other than relatives or previous employers.			
Name:	Name:	Name:	Name:
Title:	Title:	Title:	Title:
Company:	Company:	Company:	Company:
Address:	Address:	Address:	Address:
Phone Number:	Phone Number:	Phone Number:	Phone Number:
Business: <input type="checkbox"/> Personal: <input type="checkbox"/>	Business: <input type="checkbox"/> Personal: <input type="checkbox"/>	Business: <input type="checkbox"/> Personal: <input type="checkbox"/>	Business: <input type="checkbox"/> Personal: <input type="checkbox"/>
<b>AUTHORIZATION AND ACKNOWLEDGMENTS</b>			
<p>I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.</p> <p>I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.</p> <p>I understand that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice.</p> <p>Applicant Signature: _____</p> <p>Date: _____</p>			