



671 Route 394 Kennedy, NY 14747
 Shop: (716) 267-6008 Cell: (716) 489-0609

Sam Conti, *Owner*
www.samcontisautorepair.com

APPLICATION FOR EMPLOYMENT

RECEPTIONIST

PERSONAL

Full Name	Date of Birth
Address	City, State, Zip
Home Phone	Cell Phone
Social Security Number	Email Address
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Salary/Wage Expectations
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	Earliest start date

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any customer service experience?
Have you ever been convicted of any crime(s), either misdemeanor or felony (other than minor traffic infractions)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide an explanation.	
List any other skills, qualifications, or experience that may help in this position.	List any CDL Classifications, Endorsements, or Restrictions
List 5 words that describe you. 1. 2. 3. 4. 5.	

WORK EXPERIENCE

If presently employed, may we contact your present employer? Yes No

CURRENT POSITION

Employer Name and Address		City, State, Zip	
Phone	Name of Supervisor	Position Held	Date Started
Main Duties:			
Reason for wanting to leave:			Current Rate of Pay
If you could have changed anything at this job, what would you have changed?			



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LAST POSITION

Employer Name and Address		City, State, Zip		
Phone	Name of Supervisor	Position Held	From	To
Main Duties:				
Reason for leaving:			Current Rate of Pay	
If you could have changed anything at this job, what would you have changed?				

PRIOR POSITION

Employer Name and Address		City, State, Zip		
Phone	Name of Supervisor	Position Held	From	To
Main Duties:				
Reason for leaving:			Current Rate of Pay	
If you could have changed anything at this job, what would you have changed?				

PRIOR POSITION

Employer Name and Address		City, State, Zip		
Phone	Name of Supervisor	Position Held	From	To
Main Duties:				
Reason for leaving:			Current Rate of Pay	
If you could have changed anything at this job, what would you have changed?				

REFERENCES

	Length of time known	Phone	Email Address
<i>Name of an Employer</i>			
<i>Name of a former co-worker</i>			
<i>Name of a former co-worker</i>			
<i>Name of a Friend</i>			
<i>Name of a Friend</i>			



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EDUCATION

Name of School	Location of School	Graduated?		Completed Years/Mo.	Degree Received	Major Subject
High School		YES	NO			
Business or Trade School		YES	NO			
College or University		YES	NO			

Do you plan to continue your education? Yes No If yes, when?

SKILL AND EXPERIENCE ASSESSMENT

Are you proficient using a PC, Microsoft Windows, and typing in general? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you proficient using QuickBooks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any experience with customer service? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any job-related experience.

Applicant Signature

Print Name

Date