

Long Island:

615 South Street

Garden City, NY 11530

Tel: 516-246-8000

Fax: 516-246-8888

Brooklyn:

467 Prospect Avenue

Brooklyn, NY 11215

Tel: 718-788-2000

Fax: 718-788-5374

**Arrow Linen Supply Company, Inc.**

*Established Since 1947*

APPLICATION FOR EMPLOYMENT

www.arrowlinen.com

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| **THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT** but merely is intended to provide information necessary to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, genetic information, disability, veteran status, or any other status protected under local, state, or federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include a drug test or other physical evaluations. This application will remain active for 180 days. |

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name Last First Middle | Social Security # |
| Home Phone | Work Phone |
| **Please list below your current address and your two other most recent previous addresses:**Current Street City State Zip Since (Mo/Yr) |
|  |
| Street City State Zip Since (Mo/Yr) |
| Street City State Zip Since (Mo/Yr) |

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| High School Attended | City, County & State | Did you earn a Diploma? |
| Undergraduate College Attended | City, State | Areas of Study | Degree/Certificate/Diploma |
| Graduate School Attended | City, State | Areas of Study | Degree/Certificate/Diploma |

**EMPLOYMENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Position Applied For: | Date You Can Start Work: | Desired Salary: $ |
| Do You Prefer: 🞏 Full time 🞏 Part time | Can You Work: 🞏 Weekends 🞏 Evenings |
|  |  |
| **Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanations:** |
| 1) Are you at least 18 years of age and legally eligible for work in the United States? 🞏 YES 🞏 NO |
| 2) Will you work overtime when necessary? 🞏 YES 🞏 NO |
| 3) Do you understand the job requirements? 🞏 YES 🞏 NO (If no, please explain) |
| 4) Are you on layoff and subject to recall? 🞏 YES 🞏 NO |

**EMPLOYMENT HISTORY**

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| --- |
| MAY WE CONTACT YOUR PRESENT EMPLOYER? 🞏 YES 🞏 NO |
| **Please list below your last three employers beginning with the most recent:** |
| **Most Recent Employer** | City | State | Zip Code | Phone |
| Position Held Dates From/To  |  | Supervisor |
| Duties Reason for Leaving |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Next Most Recent Employer** | City | State | Zip Code | Phone |
| Position Held Dates From/To  |  | Supervisor |
| Duties Reason for Leaving |
| **Next Most Recent Employer** | City | State | Zip Code | Phone |
| Position Held Dates From/To  |  | Supervisor |
| Duties Reason for Leaving |
| **Next Most Recent Employer** | City | State | Zip Code | Phone |
| Position Held Dates From/To  |  | Supervisor |
| Duties Reason for Leaving |

 **JOB RELATED SKILLS**

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| --- |
| **If the position you are applying for requires driving a motor vehicle, Please answer the following questions:** |

1. Do you have a valid driver’s license? 🞏 YES 🞏 NO

 (If YES: Driver’s License Number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Issue

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Have you been convicted of or pled guilty to any traffic related offense within the past five years? 🞏 YES 🞏 NO

3. Have you had your driver’s license suspended or revoked, or had your driving privileges modified by a court of law?

 🞏 YES 🞏 NO

4. Please list all states from which you hold or have held a driver’s license:

|  |
| --- |
| Please use this space to list any special skills you may have that relate to the position applied for: |
| Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.1.2.3. |

**APPLICANT’S CERTIFICATION AGREEMENT**

1. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment regardless of when or how discovered.

2. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.

3. If I am offered and accept a position, I agree to conform to all existing and future Company rules and regulations

4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

 Signature Date