

Delmar Bootery Application for Employment

Stuyvesant Plaza

Albany, NY 12203

Phone: 518-438-1717 Fax: 518-438-2676

Personal Information:

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Social Security No.: _____

Employment Information:

Position Seeking: _____

Date Available to Start: _____

Desired Salary: _____

No. of Hours Desired: _____

Are You Currently Employed?: Yes No

If "yes", where?: _____

If "yes", what hours do you work?: _____

Education History:

High School: _____

Graduation Year: _____

College: _____

Major: _____

Graduation Year: _____

Employment History:

Name & Address of Employer: _____

Salary: _____

Dates Employed (from/to): _____

Position Held: _____

Reason for Leaving: _____

Name & Address of Employer: _____

Salary: _____

Dates Employed (from/to): _____

Position Held: _____

Reason for Leaving: _____

Name & Address of Employer: _____

Salary: _____

Dates Employed (from/to): _____

Position Held: _____

Reason for Leaving: _____

Please answer the following questions. The questions below help facilitate the screening process. We are informal; your responses may be brief.

1. Do you have any customer service experience? Yes No
 If yes – How many years? What type?

2. Select a customer service/client problem you had to solve recently/at your last job that you feel really tested your creative problem solving skills. Give details of the problem, your approach to solve it, and the final result.

3. We have all had to work with a difficult client/person. Please give an example of an experience you have had. Why was it difficult? How did you respond? What was the outcome?

4. Please describe a recent customer service experience you are proud of, and why?

5. Please describe a time when you went above and beyond at work?
What motivated your actions?

6. What strengths would you bring to our organization?

References:

Name: _____

Relationship: _____

Years Known: _____

Business: _____

Address: _____

Phone/Email: _____

Name: _____

Relationship: _____

Years Known: _____

Business: _____

Address: _____

Phone/Email: _____

Name: _____

Relationship: _____

Years Known: _____

Business: _____

Address: _____

Phone/Email: _____

Additional Information:

Authorization:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature: _____ **Date:** _____

Thank you for your interest in our company.
Mandy Young, VP
Delmar Bootery

For Internal Use Only:

Remarks: