



Star Headlight & Lantern Co., Inc.

455 Rochester Street
Avon, NY 14414

Phone: 585-226-9500
Toll Free Fax: 888-478-2797



Employment Application *Any application not complete may be cause for rejection*
Pre employment substance abuse test required after offer of employment

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Are you 18 or Older: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____ Shift Applied for: 1st (7:30am-4:00pm) and/or 2nd (4:00pm-12:00pm)

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO
A conviction is not necessarily a bar to employment
If yes, explain: _____

Referred by: _____

Education

High School: _____ Location: _____

Graduate? YES NO Degree/Major: _____

College: _____ Location: _____

Graduate? YES NO Degree/Major: _____

Other: _____ Location: _____

Graduate? YES NO Degree/Major: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment (Most recent first)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Emergency Contact

Name: _____ Relationship _____ Phone # _____

Military Service

Branch: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

"This discharge is not necessarily a bar to employment"

Disclaimer and Signature

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing."

Signature: _____ Date: _____