



**18 Industrial Park
Troy, NY 12180
Ph. (518) 465-1155
Fax (518) 465-3927**



Greco Construction and MMC Millwork APPLICATION FOR EMPLOYMENT

Greco Construction and its subsidiaries will consider all prospective employees without discrimination because of race, creed, color, religion, sex, national origin, age, disability, citizenship status, political affiliation or beliefs. Sam Greco Construction Inc. is an equal opportunity employer

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone Number
City, State, Zip			Cell or Other Number
Have you previously applied for employment with us? ____yes ____no If yes: Month/year_____ Location_____			How did you hear about us?
Position Desired			Pay Expected
Apart from absence for religious observances, are you available for full-time work? ____yes ____no If not, what hours are you available to work?			Will you work overtime if asked?
Are you legally eligible for employment in the United States?			Date available to begin work?
Other Special training, talents or skills (languages, machine operation, etc.)			

MEMBERSHIPS

<p>Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)</p>

EDUCATION

School	Name/Location of School	Course of Study	No. of years Completed	Did you graduate?	Degree or Diploma Conferred
Graduate				___yes ___no	
College				___yes ___no	
Business/ Trade/Technical				___yes ___no	
High School				___yes ___no	
Elementary				___yes ___no	

EMPLOYMENT (Please give accurate/ complete full-time and part-time employment record beginning with most recent or present employer)

1. Company Name	Telephone ()
Address	Employed - (State month and year)
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Work	Reason for Leaving

2. Company Name	Telephone ()
Address	Employed - (State month and year)
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Work	Reason for Leaving

3. Company Name	Telephone ()
Address	Employed - (State month and year)
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Work	Reason for Leaving

4. Company Name	Telephone ()
Address	Employed - (State month and year)
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Work	Reason for Leaving

OTHER

(We may contact the employers listed above unless you indicate those you do not want us to contact)

Employer Name(s)	Reason
------------------	--------

MILITARY

Did you serve in the U.S. Armed Forces? ___yes ___no

If "yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

What was your previous home address?

How long at previous home address?

How long at present address?

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ___yes ___no If "yes," describe in full:

Are you over 18 years of age? ___yes ___no

If not, employment is subject to verification of age.

SIGNATURE

The information provided in this Application for Employment is true and accurate. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand the acceptance of an offer of employment creates no obligation on behalf of the employer to continue to employ me in the future.

_____ Date

_____ Signature

INTERVIEW RESULTS

Interviewer name:

Comments: