



# Meyda

TIFFANY LIGHTING

One Meyda Fine Place to Work!  
 55 Oriskany Boulevard – Yorkville, NY 13495  
 315 . 768 . 3711

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_ / \_\_\_ / \_\_\_

PERSONAL IDENTIFICATION:

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_

Expires: \_\_\_\_\_

Applicant's Name \_\_\_\_\_

LAST

FIRST

MIDDLE INITIAL

Present Address \_\_\_\_\_

CITY

STATE

ZIP

HOW LONG?

Home Phone #: (\_\_\_\_) \_\_\_\_\_

Emergency Phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Hobbies, Sports, & Other Interests: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? (Proof of citizenship or immigration status will be required upon employment)

\_\_\_ Y / N \_\_\_

Are you 18 or over?

\_\_\_ Y / N \_\_\_

If no, how old? \_\_\_\_\_

Do you have working papers?

\_\_\_ Y / N \_\_\_

Certification Number: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_

Position Desired:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per hour

Date you can begin work: \_\_\_ / \_\_\_ / \_\_\_

Are you employed by more than one company? \_\_\_ Y / N \_\_\_

Please explain: \_\_\_\_\_

Who referred you to Meyda Tiffany?

\_\_\_\_\_

### HOURS YOU CAN WORK:

DAY	FROM	TO
Example:	7:30 AM	4:00 PM
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Number of hours desired: \_\_\_\_\_

# EDUCATION

## HIGH SCHOOL EDUCATION

School Name \_\_\_\_\_ Highest Grade   9    10   11   12   
City & State \_\_\_\_\_ Did you graduate?   Y / N    
Major Course of Study \_\_\_\_\_ Type of Degree \_\_\_\_\_

## COLLEGE EDUCATION

School Name \_\_\_\_\_ Highest Grade   9    10   11   12   
City & State \_\_\_\_\_ Did you graduate?   Y / N    
Major Course of Study \_\_\_\_\_ Type of Degree \_\_\_\_\_

## TRADE SCHOOL EDUCATION

School Name \_\_\_\_\_ Highest Grade   9    10   11   12   
City & State \_\_\_\_\_ Did you graduate?   Y / N    
Major Course of Study \_\_\_\_\_ Type of Degree \_\_\_\_\_

Please list additional skills, technical or professional knowledge that you feel would enhance this application for employment.

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

List any licences, certificates, publications or professional achievements that would support this application for employment.

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

## PERSONAL REFERENCES: (DO NOT LIST RELATIVES OR PREVIOUS EMPLOYERS)

1. NAME _____	OCCUPATION _____
ADDRESS _____	PHONE _____
2. NAME _____	OCCUPATION _____
ADDRESS _____	PHONE _____
3. NAME _____	OCCUPATION _____
ADDRESS _____	PHONE _____

Have you ever been convicted of any crime other than a traffic violation? \_\_\_\_\_

If yes state nature of crime: \_\_\_\_\_

Have you ever been discharged or asked to resign by any former employee? \_\_\_\_\_

If yes, explain in detail: \_\_\_\_\_

NO APPLICANT WILL BE EXCLUDED FROM CONSIDERATION FOR EMPLOYMENT TO DUE PRIOR ARRESTS OR CONVICTIONS.

# EMPLOYMENT HISTORY

**IMPORTANT:** Please list all Present & Previous Employment.  
Including Part-Time & Summer Employment

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Start Date \_\_\_\_\_ Starting Earnings \$ \_\_\_\_\_  
Leaving Date \_\_\_\_\_ Leaving Earnings \$ \_\_\_\_\_  
Duties \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Start Date \_\_\_\_\_ Starting Earnings \$ \_\_\_\_\_  
Leaving Date \_\_\_\_\_ Leaving Earnings \$ \_\_\_\_\_  
Duties \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Start Date \_\_\_\_\_ Starting Earnings \$ \_\_\_\_\_  
Leaving Date \_\_\_\_\_ Leaving Earnings \$ \_\_\_\_\_  
Duties \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Start Date \_\_\_\_\_ Starting Earnings \$ \_\_\_\_\_  
Leaving Date \_\_\_\_\_ Leaving Earnings \$ \_\_\_\_\_  
Duties \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your **PRESENT** employers? YES  NO   
May we contact your **PREVIOUS** employers? YES  NO

What machines can you operate? \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

List extracurricular activities or honors in High School

List extracurricular activities or honors in College

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

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

Meyda Tiffany is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Meyda Tiffany depends solely on your qualifications.

I understand that the unlawful manufacture, distribution, dispersion, possession, or use of a controlled substance is prohibited in the workplace and will result in immediate termination and notification of local authorities. Meyda Tiffany reserves the right to perform a random drug test on any employee, at any time without prior notification.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Meyda Tiffany permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Meyda Tiffany from any liability as a result of such contact.

I further understand that my employment with Meyda Tiffany shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Meyda Tiffany is terminable at any time or reason, without recourse.

X \_\_\_\_\_ / /  
DATE

**FOR OFFICE USE ONLY**

**PAY RATE**

.....  
\$ \_\_\_\_\_ Date: \_\_\_\_\_  
\$ \_\_\_\_\_ Date: \_\_\_\_\_  
\$ \_\_\_\_\_ Date: \_\_\_\_\_  
\$ \_\_\_\_\_ Date: \_\_\_\_\_  
\$ \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER**

.....  
Languages: \_\_\_\_\_  
Vacation: \_\_\_\_\_  
Paid Holidays: \_\_\_\_\_  
Profit Sharing Plan: \_\_\_\_\_  
Employee Showroom Discount: \_\_\_\_\_

**MEDICAL INSURANCE**

.....  
Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Plan: \_\_\_\_\_ Contribution \$: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_