



Jeda Environmental
273 South Grasse River Rd.
Massena, N.Y. 13662
315-769-3685-Office
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We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion, and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available			Social Security No.			Desired Salary	
Position Applied for							
Are you able to perform the essential job functions for which you are applying with or without reasonable accommodation?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain	
Have you ever been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position in which you are applying.				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION & TRAINING

High School				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

List any scholarships, academic honors, awards, or special achievements:

SKILLS & QUALIFICATIONS

Please list any skills, certifications, and qualifications you have that are appropriate for the position you are applying for:

State fully why you believe you are qualified for this position:

INTERESTS/ACCOMPLISHMENTS: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position(s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

PREVIOUS EMPLOYMENT

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past THREE employers.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Physicals required by the N.Y.S. Department of Labor are paid in full for employees with the understanding that they must be employed for at least 6 months or longer. If for some reason they are employed for less than 6 months the exact physical cost will be deducted from their final paycheck.

Signature

Date

As part of your job duties it is required that you perform the following Essential Functions of the job. Can you safely and without restrictions perform the following:

Essential Functions:	Yes	No	<u>With Accommodations</u>	
			Yes	No
1. Stand Frequently?				
2. Walk Frequently?				
3. Lift up to 40.lbs frequently?				
4. Lift greater than 40lbs occasionally?				
5. Bend continuously?				
6. Knelling/Stooping/Squatting occasionally?				
7. Twisting at the hips occasionally?				
8. Reaching and stretching continuously?				
9. Pushing/pulling/dragging occasionally?				
10. Climbing rarely?				
11. Balancing rarely?				
12. Crawling occasionally?				
13. Grasping with hands frequently?				
14. Repetitive hand motion continuously?				
15. Fine dexterity occasionally?				
16. Receive Inoculations (Tetanus, Hepatitis, etc.)				

*** NOTE:** In terms of an 8-hour day:
Rarely= Less than 5 minutes per day.
Occasionally= 1%-33% or 0 to 3 hours per day.
Frequently= 34% to 66% or 3 to 6 hours per day.
Continuously= 67% to 100% or 6 to 8 hours per day.

I understand that I am answering the above questions truthfully and to the best of my knowledge

Signature

Date

Print Name

Last Name: _____ First Name: _____ Middle Initial: _____ Social Security Number: _____

Current Address: _____ Street and Number: _____ City: _____ State: _____ Zip Code: _____

The following information is being gathered not for employment decisions but for record keeping in compliance with Federal Regulations. This information will be kept separate from your Employment Application. Your responses are strictly voluntary and will help in developing and monitoring our Affirmative Action Programs.

Information provided will be kept confidential except that (1) supervisors and managers may be informed regarding necessary accommodations, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) government officials investigating compliance will be informed.

If you choose not to answer any of these questions, you will not be subject to adverse treatment. However, if you choose not to "self identify", we are required under Federal Regulations to maintain race, sex, and disability information on the basis of visual observation or personal knowledge. If you do not wish to furnish this information, please initial below:

I do not wish to furnish the following information:

Signature

Date

SEX: Male Female

RACE: White Black American Indian or Alaskan Native Asian or Pacific Islander Hispanic

VIETNAM-ERA VETERAN:

Are you a Veteran of the Vietnam-era? A Veteran of the Vietnam-era means a veteran, any part of whose active U.S. military, naval, or air service, was during the period August 5, 1965, through May 7, 1975 who (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge or (2) was discharged or released from active duty because of a service connected disability.

Yes No

SPECIAL DISABLED VETERAN:

Are you a Special Disabled Veteran? A Special Disabled Veteran means (1) a veteran who is entitled to compensation (or who but for the receipt of military pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious-employment disability or (2) a person who was discharged or released from active duty because of a service-connected disability.

Yes No

DISABILITY:

Do you have any limitations due to your disability that may affect your ability to satisfactorily perform the position for which you are applying?

Yes No If Yes, please explain:

Are there any reasonable accommodations which we could make which would enable you to perform the job properly and safely?

Yes No If Yes, please explain:

Signature of Applicant: _____

Date: _____