



# ALBANY FOAM and SUPPLY, Inc.

## APPLICATION FOR EMPLOYMENT

### PERSONAL

When can you start? \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Present Street Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Full-Time Do you know anyone  Y If so, who?  
 Part-Time currently working here?  N

Telephone Number \_\_\_\_\_ Job Applied for \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Can you provide proof you are eligible to work in the US?  Yes  No

Have you ever applied/worked for Albany Foam and Supply, Inc.?  Yes  No  
If yes, when? \_\_\_\_\_

Do you have any felony convictions?  Yes  No  
If yes, please give details: \_\_\_\_\_

### DRIVERS ONLY

Do you have a valid driver's license?  Yes  No

Have you ever had your license suspended or revoked in the last 3 years?  Yes  No

If yes, please give details: \_\_\_\_\_

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

Class of License: \_\_\_\_\_ State: \_\_\_\_\_

Highest level of education completed? \_\_\_\_\_

List any skills/training you have that may be beneficial for this position: \_\_\_\_\_

### EXPERIENCE

	Job 1	Job 2	Job 3
Employer Name			
Address, Number			
Date of Employment			
Position(s) Held			
Supervisor's Name			
Salary/Wages			
Responsibilities			
Reason for Leaving			

I verify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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