



Fingerlakes Mall Acquisition, LLC

Application for Employment

(An Equal Opportunity Employer)

Date of application: ____/____/20__

Please Answer All Questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Contact Information

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing address (if different from above): _____

Phone # (please list preferred first): _____

Email: _____ @ _____

Position applying for (please be specific): _____

Date available: _____

General Questionnaire

1) Have you ever been convicted of an offense? Yes or No

If Yes, please explain- (a conviction will not disqualify you for a position).

2) Do you have a valid (not expired) Driver's License or State Issued Non- Driver ID? Yes or No

If No, please explain: _____

3) Do you have a reliable means of transportation? Yes or No

If No, please explain: _____

4) Have you previously applied for employment with this Company? Yes or No

If Yes, when did you apply _____

5) Have you ever been employed by this Company? Yes or No

If Yes, provide dates of employment, department, and reason for separation from employment.



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Education

Level of Education	Name of School	Years Completed	Graduate? Yes or No	Major of Study	Degree Received
High School Attended					
College Attended					
Post Graduate Studies					
Trade School Attended					

Other Education/Certificates/Licenses (applicable to position applied for)

Office/Computer Skills

Availability (please enter blocks of time available)

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.





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Employment History

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume".

Employer _____

Address of Employer _____

Type of Business _____ Phone Number _____

Job Title _____ Part time or Full time? _____

Duties/Responsibilities: _____

Dates worked from: ____/____/____ to ____/____/____ Starting pay \$ _____ Ending pay \$ _____

Immediate Supervisor _____ Reason for Leaving _____

What will this employer say was the reason your employment was terminated? _____

How much notice did you give when resigning? If none, explain: _____

May employer be contacted? Yes or No
If No, please explain _____

Employer _____

Address of Employer _____

Type of Business _____ Phone Number _____

Job Title _____ Part time or Full time? _____

Duties/Responsibilities: _____

Dates worked from: ____/____/____ to ____/____/____ Starting pay \$ _____ Ending pay \$ _____

Immediate Supervisor _____ Reason for Leaving _____

What will this employer say was the reason your employment was terminated? _____

How much notice did you give when resigning? If none, explain: _____

May employer be contacted? Yes or No
If No, please explain _____



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Employment History (continued)

Employer _____

Address of Employer _____

Type of Business _____ Phone Number _____

Job Title _____ Part time or Full time? _____

Duties/Responsibilities: _____

Dates worked from: ___/___/___ to ___/___/___ Starting pay \$ _____ Ending pay \$ _____

Immediate Supervisor _____ Reason for Leaving _____

What will this employer say was the reason your employment was terminated? _____

How much notice did you give when resigning? If none, explain: _____

May employer be contacted? Yes or No
If No, please explain _____

Employer _____

Address of Employer _____

Type of Business _____ Phone Number _____

Job Title _____ Part time or Full time? _____

Duties/Responsibilities: _____

Dates worked from: ___/___/___ to ___/___/___ Starting pay \$ _____ Ending pay \$ _____

Immediate Supervisor _____ Reason for Leaving _____

What will this employer say was the reason your employment was terminated? _____

How much notice did you give when resigning? If none, explain: _____

May employer be contacted? Yes or No
If No, please explain _____



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References

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name: _____ Title: _____

Address: _____

Phone #: _____ Email: _____

Relationship: _____ How long known? _____

Name: _____ Title: _____

Address: _____

Phone #: _____ Email: _____

Relationship: _____ How long known? _____

Name: _____ Title: _____

Address: _____

Phone #: _____ Email: _____

Relationship: _____ How long known? _____

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT EXPRESS OR IMPLIED WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIC PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.

Please sign _____ Date: _____

Thank you!