

6987 Laura Street Lyons Falls, NY 13368 Phone 315-348-4300

Applicant Information												
Name:		Date:										
Addres	ss:											
	City State Zip											
Phone:						Date Availal	ole:					
Positio	n:			☐ FT	☐ PT	_ Desired Sal	ary: _ <b>\$</b>	\$				
How did you hear of Otis: ☐ Ad ☐ Walk In ☐ Friend ☐ Employee Name:												
List relatives currently employed here:												
If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Have you ever applied to / worked for Otis before?  YES NO  YES NO  If yes, when?												
Have you ever been convicted of a criminal offense (felony or misdemeanor)? Responding YES does not necessarily bar applicants from employment.  YES NO  Explain:												
employment. Explain:  Education												
School Name/Location				Course/Major				Did you Graduate				
Hi	igh School/GED							Yes 🗌	No 🗌			
	College							Yes 🗌	No 🗌			
	Other							Yes 🗌	No 🗌			
The Federal Branch under Executive Order 11246 requires the corporation to report sex and race/ethnic origin of applicants for employment. Submission of information is <u>voluntary</u> and failure to provide it will not subject you to adverse treatment. Your cooperation is appreciated. Otis Technology is an equal opportunity employer and does not discriminate on the basis of race, color, sex, national origin, religion, age, disability or veteran status in admission or access to, or treatment or employment in, its programs and activities. Individuals whom have inquires regarding the corporation's policy and procedures should contact the HR Manager.  Sex and Race/Ethnic Group												
	Male		White	//=uning c		Native H	awaiian	or other Pacific	Islander			
	Female		Black or Africa	n America	_	_		n, Eskimo or Ale				
			Hispanic or Latino		. Г	_	Two or More Races					
			Asian		Г	Decline t						
				Carrias	_							
	isabled Veteran	Military Service  Armed Forces Service Medal Winner										
	other Protected Vetera	_		ecently Separated Veteran								
			Interests	and Skill	c							

CONTROLLED

List any special skills, qualifications, languages, machine operation or certificates:

	R	eferences					
Please list two re	eferences who are not family members.						
Name:		Relationship:					
Occupation:	Phone:						
Name:	Relationship:						
Occupation:		Phone:					
	Previou	us Employm	ent				
Company: _				Phone:			
Address: _							
Job Title:					\$		
Responsibilities:							
From:	To:			Reason for Leaving:			
May we contact y	our previous supervisor for a reference?	YES	NO				
Company:				Phone:			
Address:				Supervisor:			
Job Title:				Salary:	\$		
Responsibilities:							
From:	To:			Reason for Leaving:			
May we contact y	our previous supervisor for a reference?	YES	NO				
Company:				Phone:			
Address:				Supervisor:			
Job Title:				Salary:	\$		
Responsibilities:							
From:	To:			Reason for Leaving:			
May we contact y	our previous supervisor for a reference?	YES	NO				
	Disclaim	er and Signa	ature				
Are you able to pe  ☐ NO ☐ YE	erform the essential functions of the job for which		-				
	that my answers are true and complete to the inderstand that false or misleading information						
Signature:					Date:		