



## ROMMEL FENCE, LLC APPLICATION FOR EMPLOYMENT

17 Railroad St, Poland NY 13431  
ph 315-826-3758, fax 315-826-7224

Rommel Fence, llc headquartered in Poland, NY, is an equal opportunity employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of local, state and federal law. Rommel Fence also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. Please advise if you require an accommodation in the application process.

### PERSONAL

Please print all information except your signature.

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

Name \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Present Address \_\_\_\_\_  
NO. STREET CITY STATE ZIP

Previous Address \_\_\_\_\_  
NO. STREET CITY STATE ZIP

Applying for \_\_\_\_\_ Rommel Fence operates Monday thru Saturday. Are you available these days? ☐ Yes ☐ No  
explain \_\_\_\_\_

Rate of pay expected \$ \_\_\_\_\_ per hr.  
What date will you be available for work? \_\_\_\_\_

How were you referred to us?

☐ Advertisement ☐ Friend

Were you previously employed by us? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

☐ Current Employee ☐ Other  
Specify \_\_\_\_\_

Are you legally authorized to work in the United States? ☐ Yes ☐ No

(You will be required upon employment to submit verification of your legal right to work in the United States.)

Have you ever been discharged, or have you resigned from a job because your employer indicated that it believed you were involved in workplace incident(s) relating to violence, threats of violence, possession of weapons, suspected theft, repeated harassment of employees, customers or vendors, lewd behavior, possession of alcohol or illegal drugs, or being under the influence of alcohol or illegal drug usage at its workplace? ☐ Yes ☐ No

If so, please explain \_\_\_\_\_

Use the space below to summarize any additional experiences or skills that help qualify you for the position for which you are applying.  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

NAME OF SCHOOL AND CITY	GRADUATED		YEARS COMPLETED	MAJOR	GRADE POINT AVERAGE
	YES	NO			
HIGH SCHOOL					
COLLEGE					
GED OR OTHER					
HOBBIES; INTERESTS					

## EMPLOYMENT

LIST YOUR WORK EXPERIENCES BEGINNING WITH YOUR MOST RECENT. ATTACH ANY ADDITIONAL EMPLOYMENT OR INFORMATION ON AN ADDITIONAL PAGE.

NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED
	FROM	TO	
ADDRESS			
CITY & STATE			
PHONE NUMBER	POSITION	POSITION	
TYPE OF BUSINESS			
NAME OF SUPERVISOR			
			REASON FOR LEAVING:

  

NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED
	FROM	TO	
ADDRESS			
CITY & STATE			
PHONE NUMBER	POSITION	POSITION	
TYPE OF BUSINESS			
NAME OF SUPYRVISOR			
			REASON FOR LEAVING:

  

NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED
	FROM	TO	
ADDRESS			
CITY & STATE			
PHONE NUMBER	POSITION	POSITION	
TYPE OF BUSINESS			
NAME OF SUPYRVISOR			
			REASON FOR LEAVING:

References

Name and # \_\_\_\_\_ Name and # \_\_\_\_\_

Training and Certifications	DATES		Additional Training and Certifications
	Year	Refresher	
OSHA 10 HR COMPETENT PERSON			
OSHA FORKLIFT			
OSHA 30 HR HAZMAT			
CDL Class _____ restrictions _____			
FIRST AID/CPR			

The information contained in this application is true and complete to the best of my knowledge and belief. I understand that any false or inaccurate information or misrepresentation of fact or omission of information requested, as stated or implied, given in my application, interview(s), or any other employment form, may be sufficient reason not to hire me and may be reason for dismissal.

I understand that, if hired, I will be required to provide documentation of both my identity and employment eligibility in the United States in accordance with the Immigration Reform and Control Act of 1986.

I understand that, if hired, my employment will be subject to various guidelines, rules and regulations of Rommel Fence, llc as stated in the employee handbook, any policy and procedure manual or other communications to employees. I further understand that Rommel Fence policies and procedures are subject to modification without notice.

### Requirements of Employment at Rommel Fence. LLC

I understand that I will be required to pass a **pre-employment drug screen**, and if hired, I will be subject to Rommel Fence drug and alcohol testing policy during my employment, including random and testing for cause.

A requirement of employment at Rommel Fence is possession of a valid drivers' license and applicant must be acceptable to Rommel Fence insurance carrier. By filling out the statement below the applicant grants permission for Rommel Fence and its agents to receive a copy of your Motor Vehicle record.

### FEDERAL DRIVER PRIVACY PROTECTION ACT AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

For the sole purpose of the determination and evaluation of my motor operating record and pursuant to State and Federal regulations of compliance, I, \_\_\_\_\_ (print name) authorize Rommel Fence to obtain my Motor Vehicle record. I understand that this record may contain personal information concerning any/all driver violations and/or accidents, which may be on record through the NYS Department of Motor Vehicles. In addition, should my application be accepted for employment or upon my employment as an Employee for Rommel Fence, llc. I further authorize ANY/ALL additional requests for the sole purpose of my continued evaluation and eligibility standards under State and Federal regulatory compliance requirements.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date \_\_\_\_\_

## Laborers-Physical Demands Acknowledgement

Please review the list below. Answer Y if you can complete the task without restriction. Add any exceptions in the comments section.

I am able to:

Y/N	Description of task	Comments
	Stand for long periods of time	
	Use hands to handle, control or feel objects, grasp tools	
	Complete same movement multiple times, example-using pliers	
	Walk for long periods of time	
	Bend, stretch, twist and reach out holding 10 lbs	
	Kneel, stoop, crouch or crawl	
	Use muscles to lift, push, pull or carry heavy objects up to 80 lbs	
	Hold arm and hand in position or hold steady when moving the arm	
	Move two or more limbs while remaining in place-ex hold arms overhead	
	Make quick, precise adjustments to machine controls	
	Be physically active for long periods without getting out of breath	
	Use fingers to grasp, move, or assemble small objects	
	Speak clearly so listeners can understand	
	Hear when others are speaking	
	See details of objects that are less than a few feet away	
	See details of objects that are more than a few feet away	

Name

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Signature

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Date

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# Corrections and Community Supervision

## Employee Investigations Unit

### Criminal History Request Form

Per Directive #2216 all employees and contractors of the Department of Corrections and Community Supervision (DOCCS) will be subjected to a criminal history inquiry in order to obtain background information pertinent to the security of operations, to verify data on employment applications, and receive notification when Department employees are arrested. Employees and contractors may also be fingerprinted in accordance with this directive.

All fields are required

#### FOR OFFICIAL USE ONLY:

##### Employment Details:

Criminal History Facility:

Type: (Circle One)

Employee

Extra Service Employee

Per Diem Employee

Contractor

Contract Service Provider

Consultant

Outside Agency Employee

Executive Appointment

Outside Agency Employee (DMV)

Outside Agency Employee (ITS)

Outside Agency Employee (OMH)

Outside Agency Employee (OGS)

Title/Position:

Complete for Contract Service Provider, Consultant, or Contractor

Employer:

Frequency: (Circle One) Daily Weekly Monthly Other

Security Escort:

Yes

No

Duties:

		▲
		▼
◀		▶

Applicants Name: \_\_\_\_\_



**Demographics:**Social Security Number:  (not required for OMH employees)Last Name: First Name: Middle Name: (Full) 

Are you known by another name? Yes No

First Name	Last Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Sex: M F X Complexion: Fair Light Medium Dark

Race: White Black Hispanic Asian American Indian Other

Eye Color: Blue Brown Hazel Green Gray Black Other

Hair Color: Bald Black Blonde Brown Gray Red White Other

Height:  ft.  in. Weight:  lbs.**Birth Details:**Date of Birth: 

Born outside of the US? Yes No If Yes, Add Foreign Born City/Country

Birth City/Location: Birth State: **Current Physical Address: (No P.O. Boxes)**Street: City: State/Province: Country: Home Phone: Zip Code: Cell Phone: Applicants Name:





**Driver License:**

Do you have a Driver License or Non-driver ID?    Yes    No (If No, see below \*)

If yes    ID Number:     Issuing State: 

Do you have or ever had a Driver License in another state?    Yes    No

If yes, please list: \*Type of Government ID used for identification: \*Government Identification Number: **Incarcerated Individuals Details:**

Do you know any incarcerated individuals, formerly incarcerated individuals, or individuals currently on parole?    Yes    No    If Yes, please list:

Full Name	DOB	Approximate Age	DIN#	Relationship

Do you have a J-Pay Account?    Yes    No (If yes, put Account ID # in Additional Comments)

**Additional Comments:**

**OFFICIAL USE:****Details of person requesting:**

Full Name:

Title:

Phone:  x.

Email:

Responses will be sent to this email.

Applicants Name:

