

Niagara Model & Train Distributors, Inc.

3366 Union Road • Cheektowaga, New York 14225-5110

Telephone: (716) 681-6060 • Facsimile: (716) 681-6061

E-mail: manager@niagarahobby.com • Internet: http://www.niagarahobby.com

Employment Application

Personal Information (Please Print)

Today's Date (M/D/Y)	Name			Social Security Number			
	First	Middle	Last				

Home Address		Home Telephone Number	
Apartment Number		_____	
Street		Cellular Telephone Number	
City/Town		_____	
State		E-mail Address	
Postal Code		_____	

Are You A United States Citizen? Yes [] No [] If Not, Citizen Of What Country?	Have You Any Relatives Working For This Company? Yes [] No [] If Yes, Who?
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Are You At least 18 Years Of Age Or Less Than 70 Years Of Age? Yes [] No [] If No, Your Age?	If Less Than 18 Years Of Age, Do You Have Working Papers? Yes [] No []	Have You Ever Been Convicted Of Any Criminal Offense? Yes [] No [] If Yes, Provide Details Including Date(s), Location(s), And Disposition(s) _____ _____ _____
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Who Referred You?	Position Requested: Full Time [] Part Time []
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List Any Impairment (Physical, Mental, Medical, Etc.) Which Could Prevent You From Performing In A Reasonable Manner The Position For Which You Are Applying:

Education					
Institution	Name And Address	Course Of Study	Years Completed	Graduate	Degree Or Diploma
College				Yes [] No []	
High School				Yes [] No []	
Other				Yes [] No []	

Niagara Model & Train Distributors, Inc., is an Equal Opportunity Employer. Federal and State laws prohibit discrimination in employment because of age, race, religious creed, color, national origin, sex, marital status, veteran status, disability or handicap (except in the case of bona fide job qualification).

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Employment History <i>(please use additional sheets as required)</i>					
Name Of Employer (most recent):					
Address Of Employer	Suite	Street Address	City/Town	State	Postal Code
Employer Contact Information	Name		Telephone Number	Facsimile	E-Mail
May We Contact Your Employer?			Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		
Date(s) Of Employment (M/D/Y)		From:	To:		
Remuneration	Starting Annual Salary/Starting Hourly Rate:		Final Annual Salary/Starting Hourly Rate:		
	Position Title:		Position Title:		
Reason(s) For Leaving:					

Name Of Employer:					
Address Of Employer	Suite	Street Address	City/Town	State	Postal Code
Employer Contact Information	Name		Telephone Number	Facsimile	E-Mail
May We Contact Your Employer?			Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		
Date(s) Of Employment (M/D/Y)		From:	To:		
Remuneration	Starting Annual Salary/Starting Hourly Rate:		Final Annual Salary/Starting Hourly Rate:		
	Position Title:		Position Title:		
Reason(s) For Leaving:					

Name Of Employer:					
Address Of Employer	Suite	Street Address	City/Town	State	Postal Code
Employer Contact Information	Name		Telephone Number	Facsimile	E-Mail
May We Contact Your Employer?			Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		
Date(s) Of Employment (M/D/Y)		From:	To:		
Remuneration	Starting Annual Salary/Starting Hourly Rate:		Final Annual Salary/Starting Hourly Rate:		
	Position Title:		Position Title:		
Reason(s) For Leaving:					

Other Related Pre-Employment Information
Special Skills And Qualifications Acquired From Employment Of Other Experience(s)

Military Service		
Branch	From Date (M/D/Y)	To Date (M/D/Y)

<i>I Understand That If I Am Employed, Any False Statement Including In This Employment Applications Will Be Cause For Immediate Dismissal.</i>	
Signature _____	Date (M/D/Y) _____

For Company Use Only	
Interviewed By:	Hired By:
Department: Hobby [<input type="checkbox"/>] Craft [<input type="checkbox"/>]	Starting Weekly Salary/ Hourly Wage:
Starting Date (M/D/Y):	
Position:	Full Time [<input type="checkbox"/>] Part Time [<input type="checkbox"/>]