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| We consider applicants for all positions without regards to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status(EOE)  **WE ARE AN EQUAL OPPORTUNITY EMPLOYER** |

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| Position Applied For | | Date of Application |
| HOW DID YOU LEARN ABOUT US  ☐Advertisement ☐Employment Agency ☐Friend ☐Relative ☐Inquiry  ☐Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| LAST NAME | FIRST NAME | MAIDEN NAME |
| Address Street Number City State Zip Code | | |
| TELEPHONE NUMBER | | SOCIAL SECURITY NUMBER |
| Email Address: | | |

Best time to contact you at home is between the hours of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are under 18 year of age, can you provide required proof of your eligibility to work? \_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_\_No

Have you ever filed an application with us before? If yes provide date(s): \_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_\_No

Do any of your friends, relatives, other than spouse work here? If yes, provide name and relationship?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? \_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_\_No

May we contact your present employer? \_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_\_No

Are you prevented from lawfully becoming employed in this country because of Visa or \_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_\_No

Immigration Status? (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

Date available to work \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ what is your desired salary range? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you available to work? ☐ Full Time ☐ Part time ☐ Temporary \_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_\_No

Are you currently on “Layoff” status and or subject to recall? \_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_\_No

Can you travel if a job requires? \_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_\_No

Driver’s License/State ID number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I\_\_\_\_\_\_\_\_\_\_\_ have or \_\_\_\_\_\_\_\_\_\_\_have not lived in the state of OHIO for the past five years.

**Work Experience**

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| Start with your present or last job, include any job related military services assignment and volunteer activities. You may exclude organizations, which include race, religion, gender, national origin, disabilities or other protected status |

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| Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Employment\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Starting/Present Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact\_\_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_No |
| Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Employment\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Starting/Present Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact\_\_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_No |
| Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Employment\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Starting/Present Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact\_\_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_No |

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| Education | Name and address or school | Course of Study | # of year completed | Diploma/Degree |
| High School |  |  |  |  |
| Undergraduate College |  |  |  |  |
| Graduate/Professional |  |  |  |  |
| Other/Specify |  |  |  |  |
| COMMENT: INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT: | | | | |
| DESCRIBE ANY SPECIALIZED TRAINING, APPRECIATION, SKILLS AND EXTRA-CURRICULAR ACTIVITIES: | | | | |
| DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATUS MILITARY: | | | | |
| LIST PROFESSIONAL TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD:  You may exclude organizations, which include race, religion, gender, national origin, disabilities or other protected status | | | | |
| ADDITIONAL INFORMATION/ OTHER QUALIFICATION: (Summarize special job-related skills and qualification acquired from employment or other experience) | | | | |
| SPECIALIZED SKILLS: (SKILLS/EQUIPMENT OPERATED)  \_\_\_\_\_\_\_\_\_TERMINAL\_\_\_\_\_\_\_\_SPREADSHEET\_\_\_\_\_\_\_\_\_WORD PROCESSING\_\_\_\_\_\_ TYPEWRITER/WPM\_\_\_\_\_  SHORTHAND/WPM\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ PRODUCTION/MOBILE MACHINERY  (LIST):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION: | | | | |

**PERSONAL PROFESSIONAL REFERENCES:**

**Do not include family members or past supervisors**

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| **NAME** | **PHONE NUMBER** | **BEST TIME TO CALL** | **OCCUPATION** |
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**APPLICANT’S STATEMENT**

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise by applicable law any employment relationship with this organization is of an “at will” nature which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specially acknowledged in writing by an authorised executive of this organization.

In this event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date of Application