



Application For Employment

12965 Defiance Pike Cygnet, Ohio 43413 419-352-5231

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT Date of Application ____/____/____ Position Applied For _____

How did you hear about us? Advertisement, Friend, Walk In, Relative, Employee if so who? _____

Prefer Full time Partime Date Available To Start Work ____/____/____ Salary requested. _____

PERSONAL	Last Name		First Name			Middle
	Address	Number	Street	City	State	Zip
	Telephone Number/s	Home	Mobile	Email		
	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, can you provide required proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Have you ever filled out an application with us before? <input type="checkbox"/> Yes When? ____/____/____ <input type="checkbox"/> No					
Have you ever been employed with us before? <input type="checkbox"/> Yes When? ____/____/____ <input type="checkbox"/> No						
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, can we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you currently on "lay off" status and subject to a recall? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status <input type="checkbox"/> Yes <input type="checkbox"/> No (proof of citizenship or Immigration status will be required upon employment)						

EDUCATION	School Name & Location	High School				University/ College				Graduate/Professional			
	Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
	Diploma / Degree												
	Describe Course of Study												
	Describe any Specialized Training Apprenticeship skills and Extra-curricular Activities												
	List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:												

REFERENCES Give name, address and telephone number of three references, who are not related to you or previous employers.

- 1 _____
 2 _____
 3 _____

Start with you present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1	Employer Name & Address	Dates Employed From ____ / ____ / ____ To ____ / ____ / ____		Job Duties
		Hourly Rate/Salary Start \$ _____ End \$ _____		
		Job Title	Supervisor	
	Telephone Number (s)			
Reason For Leaving				

2	Employer Name & Address	Dates Employed From ____ / ____ / ____ To ____ / ____ / ____		Job Duties
		Hourly Rate/Salary Start \$ _____ End \$ _____		
		Job Title	Supervisor	
	Telephone Number (s)			
Reason For Leaving				

3	Employer Name & Address	Dates Employed From ____ / ____ / ____ To ____ / ____ / ____		Job Duties
		Hourly Rate/Salary Start \$ _____ End \$ _____		
		Job Title	Supervisor	
	Telephone Number (s)			
Reason For Leaving				

Summarize special job related skills and qualifications acquired from employment or other experiences.

Have you ever been discharged from employment for absenteeism, misconduct, or poor performance ? No Yes Please describe:

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Have you ever been convicted of a felony ? (conviction will not necessarily disqualify you from employment) No Yes Please describe:

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Have you had any job-related training in the United States military ? No Yes Please describe:

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Are you physically able, with or without reasonable accommodation, to perform the duties of the job for which you are applying ? No Yes

APPLICANT'S STATEMENT

I Certify that answers given herein are true and complete to the best of my knowledge. 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 time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined 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 Employee at any time with or without cause. It is further understood that this " at will " employment relationship may not be changed by any written document or by conduct unless change is specifically provided for in a document signed by the General Manager of this organization.

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

Signature of Applicant

Date

_____/_____/_____

Thank You For Applying

