



## WORK EXPERIENCE

*Please account for all time for the last five (5) years. Include period of unemployment and any prior employment by this Company. Begin with your most recent job. Use a separate sheet of paper if needed. DO NOT REFERENCE RESUME.*

Employer _____	Starting Salary _____	Per Hr/Wk _____
Address _____	Ending Salary _____	Per Hr/Wk _____
Type of Business _____	Supervisor _____	
Job Title _____	Reason for Leaving _____	
Dates Employed _____ to _____	Why? _____	
May we contact this employer? [ ] Yes [ ] No	Tele No _____	

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**REFERENCES**

Please list two former supervisors and/or associates who are acquainted with your work performance.

Name \_\_\_\_\_ Organization \_\_\_\_\_  
Title \_\_\_\_\_ Relationship \_\_\_\_\_  
Area Code and Telephone Number \_\_\_\_\_

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**GENERAL INFORMATION**

Federal law prohibits the employment of unauthorized persons. Should you be hired, satisfactory proof of employment authorization and identity will be required within three (3) working days of hire. Failure to submit such proof within the required time will result in immediate dismissal.

If hired, can you furnish proof of citizenship or authorization to work? [ ] Yes [ ] No  
If you are under the age of 18 years old, do you have a work permit? [ ] Yes [ ] No  
If required would you be willing to work: Shifts? [ ] Yes [ ] No  
Weekends? [ ] Yes [ ] No  
Holidays? [ ] Yes [ ] No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations, in a safe/efficient manner? [ ] Yes [ ] No  
Do you have any relatives or personal friends working for the Company? [ ] Yes [ ] No

If yes, who? \_\_\_\_\_  
Relationship: \_\_\_\_\_

**APPLICABLE FOR THOSE WORKING IN INDIANA, KENTUCKY AND OHIO ONLY**

Have you ever been convicted of a felony in the past 5 years?\* If yes, explain. [ ] Yes [ ] No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SKILLS AND LICENSES**

List all office, technical or professional skills and/or certificates, licenses and bilingual ability you possess that are relevant to the position for which you are applying. If you have other skills you believe are important, list them

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY EXPERIENCE**

Were you a member of the military services? [ ] Yes [ ] No

**EDUCATION**

<u>SCHOOL</u>	<u>CITY AND STATE</u>	<u># OF YRS ATTENDED</u>	<u>DID YOU GRADUATE?</u>	<u>SUBJECTS STUDIED</u>
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE/BUS SCHOOL	_____	_____	_____	_____

Explanation for any section requiring further information:

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**PLEASE READ THIS SECTION BEFORE YOU SIGN THIS EMPLOYMENT APPLICATION FORM.**

*I certify that answers given in this application are true and complete to the best of my knowledge. I understand that any false statements on this application could result in disqualification from the application process or if employed, separation from the Company. I understand the employer is not obligated to offer the position to me, even after completing this application or following a job interview. I understand the Company has certain rules and procedures, which must be followed. I agree that if I am employed I will follow the rules of the Company or be subject to disciplinary action that could mean dismissal. I understand the Company is an at-will-employer, which means that any term of employment is for no definite period of time regardless of the date or payment of wages. If I am employed, such employment may be ended with or without cause or notice. No verbal agreements made during any application or interview process can be relied upon unless such agreements are in writing and signed by the President of the Company including the at-will statement in this application.*

*I understand that if the Company hires me, my employment is conditional on my ability to provide proof of work authorization and identity as required by Federal Law and the completion of any post-employment requirements of the employer.*

*Upon separation of employment, I authorize the Company to withhold from my final paycheck any monies owed to the Company by me.*

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_