



2141 State Route 19, Bucyrus OH 44820
 PH 419-562-6662 FAX 419-562-9167

Employment Application

Applicant Information

Full Name:						Date:	
<small>Last</small>		<small>First</small>		<small>M.I.</small>			
Address:							
<small>Street Address</small>				<small>Apartment/Unit #</small>			
<small>City</small>				<small>State</small>		<small>ZIP Code</small>	
Phone:	()		E-mail Address:				
Date Available:		Social Security No.:		Desired Salary: \$			
Position Applied for:							
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?		YES	NO
Have you ever worked for this company?		YES	NO	If yes, when?			
Have you ever been convicted of a felony?		YES	NO				
If yes, explain:							

Education

High School:				Address:			
From:	To:	Did you graduate?	YES	NO	Degree:		
College:				Address:			
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:				Address:			
From:	To:	Did you graduate?	YES	NO	Degree:		

References

Please list three professional references.

Full Name:				Relationship:			
Company:				Phone:		()	
Address:							
Full Name:				Relationship:			
Company:				Phone:		()	
Address:							
Full Name:				Relationship:			
Company:				Phone:		()	
Address:							

Previous Employment

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$

Responsibilities:

From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES NO

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$

Responsibilities:

From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES NO

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$

Responsibilities:

From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES NO

Military Service

Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			

Skills and Certificates

List any special skills and/or certificates (i.e. tow motor license, CDL, etc.):

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Disclaimer and Signature

I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application is grounds for dismissal.

I authorize investigation of all statements contained herein, and the references and employers listed within, to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release the company from all liability for any damage that may result from use of said information.

I also understand and agree that no representative of this company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medically-related information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature:		Date:	
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