



937.687.1771

440 West Main Street
New Lebanon, OH 45345

APPLICATION FOR EMPLOYMENT

Name (Please Print) _____
First Middle Last

Address _____
Number Street Apartment/Unit #

City State Zip

Phone Number _____ Social Security Number _____

Position applied for _____

Pay expected per hour _____ Date Available to Start _____

Are you able to perform the functions involved in the job for which you are applying? _____

Are you a US Citizen? If not, do you have the right to work in the US permanently? Yes No

What is your means of transportation to and from work? _____

Are you under 18 years of age? Yes No Birthdate _____ mm/dd/yyyy

Schooling: 6 7 8 9 10 11 12 Name of last school attended _____
(Mark the last grade completed)

Location _____

Did you receive a high school diploma? Yes No

College: 1 2 3 4 Name of College _____
(Mark the last year completed)

Major _____

Degree Earned _____ Year Graduated _____

Additional Education _____

Military Service? Branch _____ What were your duties? _____

Did you receive any specialized training? Yes No If yes, please describe: _____

If you have any felony convictions, please explain. (Conviction will not necessarily disqualify an applicant from employment)

Have you ever applied for employment with us before? Yes No If yes, when? _____

Have you previously been employed by this company? Yes No If yes, when? _____

In what capacity? _____ Reason for leaving? _____

Do you have any sideline businesses? Yes No If yes, explain: _____



Names and relationships of any friends and relatives employed by this company:

Name _____ Relationship _____

Name _____ Relationship _____

EMPLOYMENT HISTORY

Please give accurate and complete information. Start with present or most recent employer. If more space is needed, use another piece of paper.

Company Name _____ Name of Supervisor _____

Address _____ Phone Number _____

Position and Responsibilities _____

Date Employed _____ at \$ _____ per _____ Date Leaving _____ at \$ _____ per _____

Reason for Leaving _____

Company Name _____ Name of Supervisor _____

Address _____ Phone Number _____

Position and Responsibilities _____

Date Employed _____ at \$ _____ per _____ Date Leaving _____ at \$ _____ per _____

Reason for Leaving _____

Company Name _____ Name of Supervisor _____

Address _____ Phone Number _____

Position and Responsibilities _____

Date Employed _____ at \$ _____ per _____ Date Leaving _____ at \$ _____ per _____

Reason for Leaving _____

Company Name _____ Name of Supervisor _____

Address _____ Phone Number _____

Position and Responsibilities _____

Date Employed _____ at \$ _____ per _____ Date Leaving _____ at \$ _____ per _____

Reason for Leaving _____

May we communicate with your present employer? Yes No



ADDITIONAL INFORMATION *Optional*

PRE-EMPLOYMENT STATEMENT

I understand that the company will not contact my present employer without my permission. I authorize the company to investigate other information in this application and to consult with any other individual or organization named in this application. I authorize all named individuals and organizations to provide any information to the company, and I release from all liability, any individual or organization providing such information.

I acknowledge that in the event I am offered a job by the company, that offer may be conditional upon the results of a medical examination conducted after the offer of employment has been made. In conjunction with that medical examination, I authorize any physician or hospital to release any information which may be necessary in conjunction with that medical examination to determine my ability to perform the essential functions of the job that I have been offered.

I understand that the company has adopted a drug and controlled substance abuse policy which requires testing of employees under certain defined circumstances and, if employed, I understand that I may be subject to the policy.

In consideration of any employment resulting from this application, I agree to comply with all company policies and procedures, including the company's code of business conduct and ethics, and subject to applicable statutes and regulations. I agree to work the hours (including overtime) and the days (including weekends) scheduled by the management of the company.

Clothing worn during working hours must be acceptable to management, for your job, customer contact and also for safety around machinery.

I understand and agree that my employment can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself.

I certify that all information in this application is true and correct and without material omissions. I understand that any incorrect, incomplete, or false information given by me is sufficient cause to void this application and/or terminate my employment.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Start Date _____ Pay _____ Clock # _____ Locker # _____

Employed by _____

Result of Interview _____