

application for employment

285 S. Ohio Street
 P.O. Box 3
 Minster, OH 45865
 Phone: 419-628-3364
 Fax: 419-628-2911



PERSONAL INFORMATION

Date _____ Position Applied For: Full-time Part-time Summer Help

Name _____

Present Address Last _____ First _____ Middle _____

Phone Numbers Street _____ City _____ State _____ Zip _____

Email Address Home _____ Cell _____

Are you 18 years of age or older? Yes No Are you legally eligible to be employed in the U.S.? Yes No Have you ever been convicted of a felony? Yes No

If Related to Anyone in Our Employ, State Name _____

Referred By _____

EMPLOYMENT DESIRED

Position _____ Salary Desired _____

Are you Available to Work: Days Weekends Full Time Date You Can Start _____

Are You Employed Now? Yes No If So May We Inquire of Your Present Employer? Yes No

Ever Applied to this Company Before? Yes No When _____

EDUCATION

Education	Name and Location of School	Number of Years Completed	Diploma or Degree Received	Course of Study
High School	_____	_____	_____	_____
	_____	_____	_____	_____
College	_____	_____	_____	_____
	_____	_____	_____	_____
Trade, Business or Correspondence School	_____	_____	_____	_____
	_____	_____	_____	_____

Do you have any special courses and/or training relevant to the position? Yes No If Yes, Explain: _____

Can you read blueprints? Yes No

Do you have a valid Ohio Driver's License Yes No If you are hired it will be necessary to provide us with a copy of your driver's license.

U.S. Military or Naval Service Relevant Experience Present Membership in National Guard or Reserves

Activities _____

FORMER EMPLOYERS (List Below Last Four Employers, Starting With Last One First)

Date Month and Year	Name and Address of Employer	Rate of Pay	Work Performed	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES Give Below The Names of Three Persons Not Related To You, Whom You Have Known At Least One Year.

Name	Address	Business or Occupation	Years Acquainted
1			
2			
3			

PHYSICAL RECORD List any medical conditions which may affect your ability to perform general construction work:

In Case of Emergency Notify:

Name	Address	Phone No.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

REMARKS:

EEOC			
Neatness		Character	
Personality		Ability	
Date Hired	Position	Date Will Report	Salary Wages