

APPLICATION FOR EMPLOYMENT

ALTENHEIM

18627 Shurmer Road
Strongsville, Ohio 44136
(440) 238-3361

SHURMER PLACE

18821 Shurmer Road
Strongsville, Ohio 44136
(440) 238-9001

APPLICATION FOR EMPLOYMENT

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION ___/___/___

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE: () _____ - _____ SOCIAL SECURITY #: _____ - _____ - _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... YES NO

Have you ever been employed here before?..... YES NO

Are you legally eligible for employment in the United States?..... YES NO
(Form I-9 must be completed as part of this application process)

Date available for work..... ___/___/___

Are you currently on layoff subject to recall?..... YES NO

How were you referred to our company?..... AD PERSON AGENCY

Name(s) of relatives/friends employed by the company: _____

Have you been convicted of a crime that has not been expunged or sealed by a court?..... YES NO

Date: _____ Location: _____

If yes, please explain: _____
(A conviction will not necessarily disqualify an applicant from consideration for employment)

EMPLOYMENT HISTORY List below all past employment, beginning with the most recent, including military experience.

FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	
RATE OF PAY \$		REASON FOR LEAVING	
FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	
RATE OF PAY \$		REASON FOR LEAVING	

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY List below all past employment, beginning with the most recent, including military experience.

FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	
REASON FOR LEAVING		RATE OF PAY \$	
FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	
REASON FOR LEAVING		RATE OF PAY \$	

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company.

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

REFERENCES

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	

In case of emergency, notify: Name: _____ Phone: ____ - ____ - ____
 Address: _____ Relationship: _____

IMPORTANT CONDITIONS OF EMPLOYMENT – PLEASE READ CAREFULLY BEFORE SIGNING

Applicant’s Statement:

I certify that my answers to all of the foregoing are true and I recognize that my future employment is subject to termination without notice should any of the above statements be found false or inaccurate. I hereby agree to submit to medical examinations both as a condition of employment following an offer of employment and as a condition to continued employment and to make the results of any medical examination available to the Company at the Company’s request.

I hereby authorize all of the employers, schools and references listed to provide you any and all information concerning my previous employment, schooling and any other pertinent information they may have, personal or otherwise, and I hereby release from liability the company and its representatives for seeking such information and all other persons, schools, corporations, organizations or businesses for furnishing such information.

I also understand and agree that if I am hired by the Company, I will be employed as an employee-at-will, and as such I am free to resign at any time and the Company reserves the right to terminate my employment at any time, with or without cause and with or without notice. I also understand that no representative of the Company has the authority to make an assurances contrary to the forgoing.

This Application for Employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period, should inquire as to whether applications are being accepted at that time.

I understand and accept the conditions set forth in this statement.

Signature of Applicant _____ Date _____

FOR USE OF EMPLOYMENT OFFICE ONLY

Interviewed by: _____

Comments:

References checked:

Form I-9 completed: YES NO

Job Classification: _____

Safety Equipment: _____

Starting Date: ____ / ____ / _____ Rate: \$ _____