

APPLICATION FOR EMPLOYMENT

DATE _____ SS # _____

NAME _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL # _____

DATE YOU CAN START _____ SALARY DESIRED _____ POSITION _____

ARE YOU EMPLOYED? _____ MAY WE CALL YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED OR WORKED HERE BEFORE? _____ IF SO WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ EXPLAIN _____

DO YOU HAVE A VALID STATE OF OHIO DRIVERS LICENSE? _____ LIC # _____

DO YOU HAVE ANY POINTS ON YOUR LICENSE? _____ HOW MANY? _____

DO YOU HAVE ANY TIME COMMITMENTS, WHICH WOULD NOT ALLOW YOU TO WORK 7:45 AM UNTIL YOUR SCHEDULED DAY IS COMPLETE MONDAY –SATURDAY? _____

PLEASE LIST YOUR LAST THREE EMPLOYERS:

FROM & TO	NAME & PHONE #	SALARY	POSITION	REASON FOR LEAVING

PLEASE LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE #	RELATIONSHIP	YEARS KNOWN

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, I am aware that a criminal background check will be done and release the company from all liability for any damage that may result from utilization of such information.

DATE _____ SIGNATURE _____

Please email completed employment application to mytmaids@aol.com or fax to (216) 661-3633