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513.398.1008
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APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS

FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL FULFILL OUR OBLIGATION TO THE FULLEST.

PERSONAL DATA

NAME _____ SOCIAL SECURITY NO. _____

PERMANENT ADDRESS _____

TELEPHONE NUMBER _____ HOW LONG AT ABOVE ADDRESS? _____

POSITION APPLIED FOR _____ DATE YOU CAN START _____

Salary expected _____ Hr. _____ Year _____ Month _____ How did you hear of this opening? _____

Full Time Part Time - If Part Time: Hours You Can Work - Mon.-Fri _____ Sat/Sun _____

HAVE YOU WORKED WITH US BEFORE? NO YES - If yes, Explain Listing Previous Job/Title/Location and

Length of Service _____

WHAT WAS YOUR REASON FOR LEAVING? _____

LIST ANY FRIENDS AND/OR RELATIVES PRESENTLY WORKING WITH US _____

DO YOU SPEAK ANY FOREIGN LANGUAGES FLUENTLY? YES NO - Please List: _____

ARE YOU OVER 21? YES NO (If NO, Hire is Subject to Minimum Legal Age Verification)

SEX: Male Female Height: _____ ft. _____ in. Weight: _____ lbs.

MARITAL STATUS: Single Married Separated Divorced Widowed

Number of Years Married _____ No. of Dependents _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS (Including Traffic Violations)?

NO Yes - Explain _____

DO YOU HAVE ANY PHYSICAL HANDICAPS PREVENTING YOU FROM DOING CERTAIN TYPES OF WORK?

NO Yes - Explain _____

HAVE YOU HAD ANY SERIOUS ILLNESS IN THE PAST 5 YEARS? NO Yes - Explain _____

EDUCATION

NAME AND LOCATION OF SCHOOL	CIRCLE LAST GRADE FINISHED	GRADUATED	MAJOR/DEGREE	GRADE POINT AVERAGE
	1 2 3 4 5 6	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	6 7 8 9	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	13 14 15 16	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> Masters <input type="checkbox"/> Doctor <input type="checkbox"/> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		

