



APPLICATION FOR EMPLOYMENT

1432 CR 1575
 Ashland, Ohio 44805
 OFFICE - 419.289.0055/FAX 419.281.0922

PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME(LAST NAME, FIRST, MI)		SOCIAL SECURITY	
ADDRESS	CITY	STATE	ZIP CODE
CELL PHONE	HOME PHONE	EMAIL	

EMPLOYMENT DESIRED

POSITION	START DATE	ARE YOU EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>
EVER WORKED FOR US BEFORE?	WHERE?	MAY WE CONTACT YOUR CURRENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

QUALIFICATIONS

DO YOU POSSES A DRUG FREE CARD? YES <input type="checkbox"/> NO <input type="checkbox"/>	HOW MANY YEARS EXPERIENCE DO YOU HAVE IN THE POSITION YOU HAVE APPLIED FOR?	
DO YOU HAVE OSHA 10 TRAINING? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE UNION AFFILIATION? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE A CRIMINAL CONVICTION? YES <input type="checkbox"/> NO <input type="checkbox"/>

GENERAL INFORMATION

HIGHEST LEVEL OF EDUCATION	US MILITARY SERVICE	RANK
LIST ANY OTHER SPECIAL SKILLS, DEGREES, OR CERTIFICATIONS THAT YOU HAVE:		

FORMER EMPLOYERS

DATES	EMPLOYER NAME & ADDRESS	WAGE/SALARY	POSITION	REASON FOR LEAVING
TO				
FROM				
TO				
FROM				
TO				
FROM				

REFERENCES

NAME:	ADDRESS	PHONE NO.
NAME:	ADDRESS	PHONE NO.
NAME:	ADDRESS	PHONE NO.

APPLICANT SIGNATURE

DATE:
