



APPLICATION FOR EMPLOYMENT

TODAY'S DATE: _____

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER: _____

FULL LEGAL NAME: _____
FIRST MIDDLE LAST

MAIDEN NAME: _____

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PRIMARY PHONE NUMBER: _____ EMAIL ADDRESS: _____

EMPLOYMENT ELIGIBILITY

ARE YOU 18 YEARS OR OLDER? YES or NO DO YOU HAVE A VALID DRIVERS LICENSE? YES or NO

DO YOU HAVE RELIABLE TRANSPORTATION AND PROOF OF INSURANCE? YES or NO _____

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS? YES or NO IF YES DESCRIBE: _____

DO YOU HAVE ANY POINTS ON YOUR DRIVERS LICENSE? YES or NO IF YES HOW MANY? _____

NOTE: APPLICANTS MUST HAVE NO MORE THAN 4 POINTS ON THEIR DRIVER'S LICENSE OR 2 POINTS FOR DRIVER POSITIONS

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES or NO

HAVE YOU LIVED IN OHIO FOR THE PAST 5 YEARS? YES or NO WHERE? _____

HAVE YOU **EVER** BEEN CONVICTED OF OR CHARGED WITH A CRIME? YES or NO WHAT? _____

IF YES EXPLAIN CONVICTION(S), NATURE OF OFFENSE(S), STATE(S) WHERE OFFENSE(S) OCCURRED AND SENTENCE(S) IMPOSED BY THE COURTS:

ACCORDING TO DODD REGULATIONS, I UNDERSTAND I MUST DISCLOSE ANY CONVICTIONS THAT HAS BEEN SEALED. YES or NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED \$ _____ / hour

ARE YOU EMPLOYED NOW? YES OR NO IF SO, CAN WE CONTACT YOUR PRESENT EMPLOYER? YES OR NO

ARE YOU LOOKING FOR FULL-TIME? YES OR NO

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FROM (Time)					
TO (Time)					

WHAT IS YOUR AVAILABILITY TO WORK? - Complete Chart Below

HOW DID YOU HEAR ABOUT OUR AGENCY AND JOB OPPORTUNITIES? _____



EDUCATION

LEVEL	NAME OF SCHOOL	YEARS ATTENDED	DEGREE	DID YOU GRADUATE?	
HIGH SCHOOL				Yes	No
COLLEGE				Yes	No
OTHER				Yes	No

EMPLOYMENT HISTORY (CURRENT OR MOST RECENT FIRST)

FORMER EMPLOYERS	COMPANY NAME	ADDRESS AND PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM (mm/dd/yy)					RESIGNATION: <input type="checkbox"/>
TO (mm/dd/yy)					LAY OFF: <input type="checkbox"/>
FROM (mm/dd/yy)					TERMINATION: <input type="checkbox"/>
TO (mm/dd/yy)					RESIGNATION: <input type="checkbox"/>
FROM (mm/dd/yy)					LAY OFF: <input type="checkbox"/>
TO (mm/dd/yy)					TERMINATION: <input type="checkbox"/>
FROM (mm/dd/yy)					RESIGNATION: <input type="checkbox"/>
TO (mm/dd/yy)					LAY OFF: <input type="checkbox"/>
FROM (mm/dd/yy)					TERMINATION: <input type="checkbox"/>
TO (mm/dd/yy)					RESIGNATION: <input type="checkbox"/>

DO YOU HAVE: _____ ADULT CPR CERTIFICATION _____ FIRST AID CERTIFICATION _____ MEDICATION CERTIFICATION

PLEASE EXPLAIN ANY TERMINATIONS LISTED ABOVE: _____

REFERENCES: GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. TWO REFERENCES MUST BE BUSINESS REFERENCES, ONE SHOULD BE A PERSONAL REFERENCE.

REFERENCES (BUSINESS AND PERSONAL)

FULL NAME	RELATIONSHIP	YEARS KNOWN	PHONE NUMBER

SIGNATURE: _____ DATE: _____

I certify that all the information submitted by me on this application is true and complete. I understand that if any false, misleading, incomplete information, omission or misrepresentations are discovered, or failed drug tests, excessive driver points, or failed background checks, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to Metzcor's rules and regulations. I agree that my employment and compensation can be terminated with or without cause and with or without notice at anytime at either my or Metzcor's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice at any time by the agency. I understand that submission of this application does not guarantee and employment offer.