

4311 Ridge Road
Brooklyn, Ohio 44144



Phone: (216) 225-7774
Fax: (877) 739-4090

WE ARE AN EQUAL OPPORTUNITY EMPLOYER and our employment decisions are made without regard to race, color, religion, age, sex, national origin, handicap, disability, or marital status. You may exclude providing information which would reveal your race, color, religion, age, sex, national origin, handicap, disability, marital status, or other protected status.

Please print and completely answer all questions and fax to (877) 739-4090 attn: Kate or Raymond.

POSITION APPLIED FOR: _____ DATE: _____

Salary Range: _____ Available to start: _____

- Is there any other name under which you have employment or education records?

Yes No _____ If yes, indicate name records are listed under _____

- Can you, within 3 days after employment, submit documentation verifying that you are legally eligible to work in the United States?

Yes _____ No _____

- Are you at least 18 years old? Yes _____ No _____

- Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain and give dates and county of conviction _____

EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant:

- Number of years of schooling completed: _____
- Do you possess a High School diploma or GED Certificate?: Yes _____ No _____

College	# of years / Degree	Course of Study	Major Field
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Graduate School	# of years / Degree	Course of Study	Major Field
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EMPLOYMENT HISTORY

Please complete for full time/part time employment

Company Name: _____ Dates Employed: _____ to _____

Address: _____
Street City & State Zip Code

Name of Supervisor: _____ Telephone Number:(_____) _____

Position Held: _____ Starting Salary: _____ Ending: _____

Reason for leaving: _____

Company Name: _____ Dates Employed: _____ to _____

Address: _____
Street City & State Zip Code

Name of Supervisor: _____ Telephone Number:(_____) _____

Position Held: _____ Starting Salary: _____ Ending: _____

Reason for leaving: _____

Company Name: _____ Dates Employed: _____ to _____

Address: _____
Street City & State Zip Code

Name of Supervisor: _____ Telephone Number:(_____) _____

Position Held: _____ Starting Salary: _____ Ending: _____

Reason for leaving: _____

Company Name: _____ Dates Employed: _____ to _____

Address: _____
Street City & State Zip Code

Name of Supervisor: _____ Telephone Number:(_____) _____

Position Held: _____ Starting Salary: _____ Ending: _____

Reason for leaving: _____

REFERENCES:

Please list three employment references (i.e. supervisors, managers, co-workers, etc.)

Name	Organization/Company Name	Area Code / Telephone #
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Name	Organization/Company Name	Area Code / Telephone #
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Name	Organization/Company Name	Area Code / Telephone #
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Applicant's Acknowledgement

(Please read carefully and sign)

I certify that the information I have given herein is true and complete to the best of my knowledge. I understand that any misrepresentation, omissions of facts or incomplete answers in my application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my immediate dismissal.

I understand that, if employed, my employment with the Employer is not for a specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, customer business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer.

I authorize investigation of all matters outlined in this application. I hereby give the company and/or its designated subscriber permission to contact previous employers, doctors, medical providers, references, and to conduct investigative background inquiries on me including consumer credit, criminal convictions, motor vehicle and other reports from various Federal, State and other agencies that maintain records related to the above mentioned items, as well as, claims records on file at insurance companies. I hereby release the company and any person giving or receiving any such information for any purpose related to my employment from any liability as a result of such contacts. Information regarding credit history and driving history will not be inquired into unless it is necessary and directly related to the job applied for in this application.

Applicant's Signature

Date

Upon completion of application, please fax to (877) 739-4090 attn: Kate or Raymond