



PHONE: 330.698.7431

ADDRESS: 5601 S. Apple Creek Road, Apple Creek OH

APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE, NAME (LAST, FIRST, MIDDLE), SOCIAL SECURITY NUMBER, PRESENT ADDRESS (STREET, CITY, STATE, ZIP), PERMANENT ADDRESS (STREET, CITY, STATE, ZIP), PHONE NO., ARE YOU 18 YEARS OR OLDER?, ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

LAST

EMPLOYMENT DESIRED

POSITION, DATE YOU CAN START, SALARY DESIRED, ARE YOU EMPLOYED NOW?, IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?, EVER APPLIED TO THIS COMPANY BEFORE, WHERE?, WHEN?, REFERRED BY

FIRST

Table with 5 columns: EDUCATION, NAME AND LOCATION OF SCHOOL, \*NO. OF YEARS ATTENDED, \*DID YOU GRADUATE?, SUBJECTS STUDIED. Rows include GRAMMER SCHOOL, HIGH SCHOOL, COLLEGE, TRADE, BUSINESS OR CORRESPONDENCE SCHOOL.

MIDDLE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

Exclude organizations, the name of which indicates the race, creed, sex, marital status, color, or nation of origin of its members.

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

\*This form has been revised to comply with the provisions of the Americans with disabilities Act and final regulations and interpretive guidance promulgated by the Eeoc on July 26, 1991.

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS** LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

**REFERENCES** GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**PHYSICAL RECORD**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? Yes  No

IF YES. WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? \_\_\_\_\_

PLEASE DESCRIBE \_\_\_\_\_

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MY BE A RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT , IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE

SIGNATURE

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY

DATE

HIRED: YES NO

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT HEAD

GENERAL MANAGER

This form has been designed to strictly comply with the State and Federal fair employment practice laws, prohibiting employment discrimination. This Application for Employment Form is for general use throughout the United States. Orr Construction assumes no responsibility for the inclusion in said form of any questions which , when asked by the employers of the Job Applicant, may violate State and/or Federal Law.