



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer.

Date: ___/___/___

PLEASE PRINT OR TYPE. Name: _____ last first middle

Permanent Address: _____ Street Address City State Zip Code

Telephone Number: (____) _____ - _____ SS# _____ - _____ - _____

Cell # (____) _____ - _____ Work # (____) _____ - _____

e-mail address: _____

Any relatives or friends working for us? _____

If you are under 18 years of age, can you provide required proof of your eligibility? Yes No

Do you have a legal right to work in the United States? Yes No Resident Alien

Applying for which location (circle one or both) - Twinsburg or Independence

Position desired: _____ Date you can start: ___/___/___ FT PT

What other positions could you fill: _____

Please state reasons why you would be a good employee in the desired position: _____

Strengths? _____ Weaknesses? _____

How many days have you been absent or late from work in the past 12 months for any reason? please explain: _____

What is your availability? A. M. Mon Tues Wed Thur Friday Sat Sun

P. M. Mon Tues Wed Thur Friday Sat Sun

Explain any special circumstances: _____

Do you have dependable transportation to work? Yes No

Have you ever been disciplined or fired from a job? Yes No

If yes, please explain: _____

Have you been convicted of a felony in the last 10 years? (a conviction does not necessarily preclude employment)

If yes, please explain: Yes No

Table with 4 columns: Education, Name & Location, Course/Study, Yrs. Completed. Rows include High School, Undergraduate, Military, Graduate, Misc. Educ.

What are your plans for the next 24 months? (school, work, travel , etc): _____

List Most Recent or Current Employer First

1. Name of Company

_____ Address : _____

City, State, Zip

_____/_____/_____ to ____/____/_____
Phone Position Dates of Employment

May we contact present employer? _____

Reason for Leaving _____ Wage? _____

Name & title of Immediate Supervisor? _____

2. Name of Company

_____ Address: _____

City, State, Zip

_____/_____/_____ to ____/____/_____
Phone Position Dates of Employment

Reason for Leaving _____ Wage? _____

Name & title of Immediate Supervisor? _____

3. Name of Company

_____ Address: _____

City, State, Zip

_____/_____/_____ to ____/____/_____
Phone Position Dates of Employment

Reason for Leaving _____ Wage? _____

Name & title of Immediate Supervisor? _____

PERSONAL/BUSINESS REFERENCES

1. _____
Name Address City, State, Zip Code
(_____) (_____) _____

Home phone number Business number Years acquainted

2. _____
Name Address City, State, Zip Code
(_____) (_____) _____

Home phone number Business number Years

How did you happen to apply to Mavis Winkle's today? _____

I authorize investigation of all statements contained in this application form. I also understand that misrepresentation or omission of the facts called for herein, false or misleading information given in my application or interview, receipt of unsatisfactory references or failure to pass a prescribed physical exam will be sufficient cause for dismissal.. If any of the facts called for herein change during the course of employment, this may be sufficient cause for reassignment or dismissal from the company's service. I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time. I understand that if my application is considered favorably, I will be required to produce verification I meet the necessary age requirements for the job and verify I am legally entitled to work in the United States before I begin my employment. Proof of right to work and identity will be required if selected for hire.

Applicant's signature