



## Application for Employment

*Instructions: Complete all information. If any question does not apply to you mark the question not applicable (N/A). Failure to answer every question may cause your application to be rejected. You may be asked to provide additional information. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application.*

PLEASE PRINT

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Applied For \_\_\_\_\_ Start Date Available \_\_\_\_\_

Shift Preferred:  1st  2nd  3rd  Any

Salary Expected \_\_\_\_\_

Would you accept full time work?  Yes  No

Would you accept part time work?  Yes  No

Have you filed an application here before?  Yes  No

Have you ever been employed here before?  Yes  No

Are you employed now?  Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  Yes  No

Are you on layoff and subject to recall?  Yes  No

Can you travel if job requires it?  Yes  No

Do you have a valid driver's license?  Yes  No

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

do you have car insurance?  Yes  No

Have you been convicted of a felony?  Yes  No

If yes, please explain(A conviction will not necessarily bar the applicant from employment.) \_\_\_\_\_

Note: We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**Employment Experience**

*Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, handicap or other protected status. A RESUME MAY NOT BE SUBSTITUTED IN PLACE OF COMPLETING THIS SECTION.*

1. Employer \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate/salary: Begin \_\_\_\_\_ Final \_\_\_\_\_  
 Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate/salary: Begin \_\_\_\_\_ Final \_\_\_\_\_  
 Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate/salary: Begin \_\_\_\_\_ Final \_\_\_\_\_  
 Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate/salary: Begin \_\_\_\_\_ Final \_\_\_\_\_  
 Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

*If you need additional space, please continue on a separate sheet of paper.*

May we contact your present employer?  Yes  No

If no, why not? \_\_\_\_\_  
 \_\_\_\_\_

**Personal References**

1. Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_

### Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

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### Educational Background

**High School Name** \_\_\_\_\_

Years Completed (circle one) 9 10 11 12

Describe course of study \_\_\_\_\_

Describe specialized training, apprenticeship, skills and extra curricular activities

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Honors Received: State any additional you feel may be helpful to us in considering your application.

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**College/University Name** \_\_\_\_\_

Diploma/Degree \_\_\_\_\_ or Years Completed (circle one) 1 2 3 4

Describe course of study \_\_\_\_\_

Describe specialized training, apprenticeship, skills and extra curricular activities

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Honors Received: State any additional you feel may be helpful to us in considering your application.

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**Graduate/Professional School Name** \_\_\_\_\_

Diploma/Degree \_\_\_\_\_ or Years Completed (circle one) 1 2 3 4

Describe course of study \_\_\_\_\_

Describe specialized training, apprenticeship, skills and extra curricular activities

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Honors Received: State any additional you feel may be helpful to us in considering your application.

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## Applicant's Statement

I agree to abide by all the rules of PLACES Inc. and will obey the directions and instructions of my supervisor. I will use and wear all safety appliances furnished by PLACES Inc. and will work in a safe manner observing all company safety rules, not exposing myself or other workers to unnecessary dangers.

I understand the use or possession of drugs, alcohol or any controlled substances, other than prescribed by a physician, is strictly prohibited on PLACES Inc. premises. I understand that I may be required, as a condition of employment, to pass a drug test prior to a physical exam. In addition, I may be required to submit to a drug and alcohol test following a workplace injury and/or suspicious behavior.

As provided by Section 4123.651 ( c ) of the Ohio Revised Code, I hereby permit the release of medical information, records and reports relative to the issues necessary for the administration of my worker's compensation claim to the Industrial Commission of Ohio, Ohio Bureau of Worker's Compensation, or the Company as such medical information, records and reports pertain to a condition either allowed or requested in my claim, or to consider the payment or to determine the eligibility of payment of compensation and medical benefits under my worker's compensation claim.

I understand that it is the policy of PLACES Inc. not to hire employees who may be dangerous or harmful to PLACES Inc. or its associates, as evidenced by previous criminal convictions of this nature, unless adequate evidence of rehabilitation has occurred. I understand that I will have to undergo a criminal background check prior, as a condition of employment and I give my permission for that check to be performed. I understand that disclosure of a criminal conviction will not disqualify me from consideration for the job which I have applied.

I understand that employment will be on an at will basis and may be terminated at anytime by either party with or without notice.

I authorized this company to seek information about me from whatever source and I agree to hold PLACES Inc. harmless from any and all claims arising from such requests for information.

I also agree that all former employers or any other persons may furnish PLACES, Inc. and subsidiaries with all information regarding their record of my service, performance, and reason for leaving. I hereby release such former employers and person from all liability for providing such information.

I understand that any false, incomplete or misleading information on this application may cause this application to be rejected.

I understand that any unanswered questions on this application may cause this application to be rejected.

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Signature of Employee

Date

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Signature of Witness

Date

**Applicant Reference Check**

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate below. This information will remain confidential.

**To be completed by applicant:**

Applicant's Name \_\_\_\_\_ Date Of Application \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I hereby authorize the following information to be released.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by previous employer:**

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Points Of Reference \_\_\_\_\_

Please rate the applicant on the following characteristics:

Quality Of Work Was the applicant careful and conscientious?  
 Excellent  Above Average  Average  Below Average  Poor

Quantity Of Work How did applicant's actual volume of work compare to production standards?  
 Excellent  Above Average  Average  Below Average  Poor

Dependability Rate the applicant's attendance, timeliness and promptness.  
 Excellent  Above Average  Average  Below Average  Poor

Adaptability Did the applicant respond well to change? Was he / she willing to learn new things?  
 Excellent  Above Average  Average  Below Average  Poor

Please give your Overall Rating of this applicant:  
 Excellent  Above Average  Average  Below Average  Poor

Would you re-hire this applicant?  Yes  No If no, why not? \_\_\_\_\_

Additional Remarks \_\_\_\_\_

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The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate below. This information will remain confidential.

**To be completed by applicant:**

Applicant's Name \_\_\_\_\_ Date Of Application \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I hereby authorize the following information to be released.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by previous employer:**

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Points Of Reference \_\_\_\_\_

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 Excellent  Above Average  Average  Below Average  Poor

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Please give your Overall Rating of this applicant:  
 Excellent  Above Average  Average  Below Average  Poor

Would you re-hire this applicant?  Yes  No If no, why not? \_\_\_\_\_

Additional Remarks \_\_\_\_\_

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Applicant's Name \_\_\_\_\_ Date Of Application \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I hereby authorize the following information to be released.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by previous employer:**

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Points Of Reference \_\_\_\_\_

Please rate the applicant on the following characteristics:

Quality Of Work Was the applicant careful and conscientious?  
 Excellent  Above Average  Average  Below Average  Poor

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Adaptability Did the applicant respond well to change? Was he / she willing to learn new things?  
 Excellent  Above Average  Average  Below Average  Poor

Please give your Overall Rating of this applicant:  
 Excellent  Above Average  Average  Below Average  Poor

Would you re-hire this applicant?  Yes  No If no, why not? \_\_\_\_\_

Additional Remarks \_\_\_\_\_

**Release of Ohio Driver Records**

Ohio Bureau of Motor Vehicles  
Department of Highway Safety  
Abstract Driver Record Unit  
P.O. Box 1652  
Columbus, OH 43216-6520

The applicant named below has submitted an application for employment with our firm. Please provide the information as released by the applicant below. This information will remain confidential.

Name of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current License Operator # \_\_\_\_\_

Social Security # \_\_\_\_\_

I hereby authorize my Ohio Driver Record information to be released to PLACES, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release/Order Form for Background Screening**

I, (name) \_\_\_\_\_, (SSN) \_\_\_\_\_, give permission for SECURE CHECK, its employees and contractors, to obtain information relating to me, including, but not limited to: criminal history, credit history (FRCA compliant), workers' compensation claims (post-employment offering), employment verification, education verification, driving records, and other information searches. I understand the the results of these record checks will be released only to PLACES, Inc. for the purpose of pre-employment, tenancy, membership, and other screening. I understand that I may stop the process at this point but I wish to proceed. I am doing this voluntarily, without duress, coercion, threat, force, or promises of immunity or reward.

**Important Notice: This agreement, stipulation and release is a legally binding contract. If not completely understood, do not sign but seek competent advice, such as that rendered by an attorney.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Required Information**

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other Names Used \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Please list for the last seven years:*

Previous City/State of Residence \_\_\_\_\_ Dates \_\_\_\_\_

Previous City/State of Residence \_\_\_\_\_ Dates \_\_\_\_\_

Previous City/State of Residence \_\_\_\_\_ Dates \_\_\_\_\_

Driver's License # (if requesting driving record) \_\_\_\_\_ State \_\_\_\_\_

**Background Information Requested**

- Social Security Trace
- Business References (provide names/phone numbers)
- Criminal History
- Personal History (provide names/phone numbers)
- Driving Record
- Credit History
- Drug Screen
- Education Verification (include name of school, address and dates)

**Employee Authorization And Waiver Form**

Employee (Print full name) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Having applied for employment at PLACES, Inc. and desiring my potential employer to be fully informed as to my character, education, experience, and my prior criminal record, I hereby authorize representatives of PLACES, Inc. to investigate and obtain from private or public sources and information, which, in the sole judgment of PLACES, Inc. relates to my character and suitability for employment. I hereby waive:

any and all claims and causes of action that I have and which may subsequently arise against facility, its owners, owner's affiliates, managers, officers, employees, representatives and agents as a result of any such investigation, and, all right of access to any information obtained in the course of such investigation.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date