

Application for Employment

Please fill out form completely for employment consideration.

Please send via fax or mail when completed.

Prospective Employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

We are an equal opportunity employer.

Personal Information

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			
Business Phone			Email Address
What was your previous address?			How long at present address?
			_____ Years
			_____ Months
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			How long at previous address?
			_____ Years
			_____ Months
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security No.
If Yes: Month and Year _____ Location _____			
How did you learn of our organization?			
Are you legally eligible for employment in the United States?			When will you be able to work?
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe in full.			

Are there any reasons for which you might not be able to perform the job duties
(with a reasonable accommodation)? Yes No If yes, please explain.

Drivers License# _____ State _____ Any Violations?
 Yes No

Education

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year)
	From _____ To _____
	Rank at Discharge
	Date of Final Discharge

Employment History

Please give accurate, complete full-time and part-time employment record.

Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed (Start Month and Year) From _____ To _____
	Name of Supervisor	Hourly Rate Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number
	Reason

References

Give the names of three persons not related to you, whom you have known at least one year.

	Name	Address	Business	Years Acquainted
1				
2				
3				

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's License Number _____

State of Issue _____

Expiration Date _____

___ Operator ___ Commercial (CDL) ___ Chauffeur

Have you had any accidents during the past three years?

How many?

Have you had any moving violations during the past three years?

How many?

The information provided in the Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decided to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in my report.

Date

Signature



Mathews Newark Ford Lincoln Mercury

500 Hebron Road Newark, Ohio 43055

Phone: 740-522-2181

Toll Free: 800-562-1946

FAX: 740-522-7164

www.youroneplacetogo.com