

Application for Employment



Updated: 04/2019

211 W 2nd Street Pomeroy, OH 45769

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, religion, sex (including pregnancy), military status, national origin, disability, age, ancestry, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

We are an Equal Opportunity Employer and are committed to excellence through diversity.

* Required

Personal Information

First Name *	Last Name *	Middle Name
_____	_____	_____
Street Address *		

City *	State *	ZIP Code *
_____	_____	_____
Email Address *	Phone Number (Home) *	Phone Number (Cell)
_____	_____	_____
Position(s) applied for *	Referral Source	
_____	_____	

Contact Information

If necessary, best time to call you is:	Phone Number
_____	_____

Employment Eligibility

Date Available for Work

Have you submitted an application here before?

Yes No

If yes, give date(s) and position(s):

Have you ever been employed here before?

Yes No

If yes, give dates:

From: _____ To: _____

Are you over 18 years of age?	Yes	No
Can you work overtime?	Yes	No
Are you lawfully authorized to work in the United States?	Yes	No
Have you entered into an agreement with any former employer or other party (such as non-competition agreement) that might, in any way, restrict your ability to work for our company?	Yes	No

Employment Preferences

What is your desired salary range or rate of pay?	Per (Hour/Year)
_____	_____

Type of employment desired

Full-Time

Part-Time

Seasonal

Will you travel if job requires it?

Yes

No

Reasonable Accommodation

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond.

Employment History

Starting with your most recent employer, provide the following information.

Employer

Phone Number

Street Address

City

State

Dates Employed
From:

To:

Final Job Title

Immediate supervisor and title (for most recent position held)

May we contact for reference?

Yes

No

Email Address

Phone Number

Why did you leave?

Summarize the type of work performed and job responsibilities:

Employer

Phone Number

Street Address

City

State

Dates Employed
From:

To:

Final Job Title

Immediate supervisor and title (for most recent position held)

May we contact for reference?

Yes

No

Email Address

Phone Number

Why did you leave?

Summarize the type of work performed and job responsibilities:

Explain if you have ever been red or asked to resign from a job?

Explain any gaps in your employment, other than those due to personal illness, injury, or disability:

Skills and Qualifications

Summarize any special training, skills, languages, licenses, bonding, certifications, and/or certificates that may assist you in performing the position for which you are applying:

Educational Background

School Name

City & State

Level Completed

Major/Minor/Certificate

School Name

City & State

Level Completed

Major/Minor/Certificate

References

Name	Title	Relationship to You
_____	_____	_____
Number of Years Known	Phone Number	E-mail Address
_____	_____	_____

Name	Title	Relationship to You
_____	_____	_____
Number of Years Known	Phone Number	E-mail Address
_____	_____	_____

Name	Title	Relationship to You
_____	_____	_____
Number of Years Known	Phone Number	E-mail Address
_____	_____	_____

Related Information

When answering these questions, please exclude any information that would reveal race, color, religion, sex (including pregnancy), military status, national origin, disability, age, ancestry, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong?

List any relevant volunteer work:

List special accomplishments, publications, awards, etc.:

Is there any other job-related information you want us to know about you?

Applicant Statement and Signature

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, religion, sex (including pregnancy), military status, national origin, disability, age, ancestry, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Signature of Applicant *

Date Signed *

Voluntary Self-Identification of Disability, Veteran Status and Demographic Information

Why are you being asked to complete this form?

An equal opportunity employer, we are also a government contractor subject to affirmative action requirements, such as to employ and advance in employment protected veterans, women and minorities. In addition, because we do business with the government, we must reach out to, hire and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us below if you have a disability,ⁱⁱ or if you have ever had a disability, to identify your demographic information and to report if you are a protected veteran.ⁱⁱⁱ Completing this form is voluntary, but we hope that you will choose to fill it out. Failure to complete this form will have no bearing on the status of your application and will in no way impact your consideration for employment. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way. The information will be kept confidential with the Human Resources Department and will not be maintained with your application, or if hired, your personnel file. If you do not self-identify, identification may be made by visual or other factors pursuant to our affirmative action reporting requirements.

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

Please check one of the boxes below in each of the following four columns:

<input type="checkbox"/> YES, I HAVE A DISABILITY (or previously had a disability) <input type="checkbox"/> NO, I DON'T HAVE A DISABILITY <input type="checkbox"/> I DON'T WISH TO ANSWER.	<input type="checkbox"/> Hispanic or Latino If that box is not checked: <input type="checkbox"/> American Indian /Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Two or more races <input type="checkbox"/> White/Caucasian <input type="checkbox"/> I don't wish to answer.	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I don't wish to answer.	<input type="checkbox"/> I identify as one or more of the following classifications of protected veteran (which are defined below ^{iv}): <ul style="list-style-type: none"> ● Disabled Veteran ● Recently separated veteran ● Active duty wartime or campaign badge veteran ● Armed forces service medal veteran <input type="checkbox"/> I am not a protected veteran <input type="checkbox"/> I don't wish to answer.
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Printed Name

Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternative format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligation of federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

ⁱⁱ **How do I know if I have a disability?** You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

ⁱⁱⁱ You are a protected veteran if you are covered by the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. §4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act.

^{iv} A “disabled veteran” is one of the following:

- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.