

APPLICATION FOR EMPLOYMENT

Drug-Free Safety Program Workplace

Ph. 937.497.1500

COMPANY

| Today's Date: | Full Name: |
|---|---|
| | d participant of the Drug Free Safety Program (DFSP), administered by the State of Ohio. All equired to complete a pre-placement drug screen analysis conducted by Occupational Health at Wilso employment. |
| | plies with applicable federal, state and local laws, rules and regulations in the area of non- mployees and applicants due to race, color, religion, sex (including sexual harassment), national origited. |
| | General Information |
| Applicant Street Address: | |
| City Stat | Zip CodeSchool District |
| Primary Phone # | Secondary Phone # |
| •Are you 18 years of age or older? | es 🗆 No |
| •Are you eligible to work in the United | States? |
| •Do you have a valid Ohio driver's lice | se? ☐ Yes ☐ No Any restrictions? ☐ Yes ☐ No |
| •Do you have a valid Ohio Commercial | Driver's License? ☐ Yes ☐ No |
| • Do you have forklift experience? | es 🗆 No |
| •Are you able to work Monday-Saturda | ? □ Yes □ No |
| | Employment History |
| Present/Last Employer | |
| Company Name | Phone |
| Address | Start (Mo/Yr) End (Mo/Yr) |
| Name of Supervisor | Wages |
| Position/Responsibilities | Reason for Leaving |
| Next Previous Employer | |
| Company Name | Phone |
| Address | Start (Mo/Yr) End (Mo/Yr) |
| Name of Supervisor | Wages |
| Position/Responsibilities | Reason for Leaving |

Employment History (continued)

| 1. Name | Start (Mo/Yr) Wages Reason for Leavi rences Contact #: Contact #: Contact #: cation cates of achievement for the start of the start | the following: |
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| Name of Supervisor | WagesReason for Leavi rences Contact #: Contact #: Contact #: cation cates of achievement for t | the following: |
| Position/Responsibilities | Reason for Leavi rences Contact #: Contact #: Contact #: cation cates of achievement for t | the following: |
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| 1. Name | Contact #: Contact #: Contact #: cation cates of achievement for t | the following: |
| 2. Name | Contact #:Contact #: | the following: |
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| • why have you chosen to apply at J w LC? | | |
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| | | |
| Yes, I understand that as a condition of employment, I must undergously Yes, I agree that any misrepresentation or falsification of information dismissal from employment if hired. Yes, I understand that this application does not constitute an agreem Yes, I give the employer the right to contact and obtain information institutions to verify the accuracy of the information contained in the representatives for use of this information in consideration of my poyes, I understand that if I am hired I will be required to provide provide, I agree that I have no health impairments or deficiencies which | n on this application will be cau ent or contract for employment from all references, employers, is application. I hereby release tential employment. | use for cancellation of the application, or t for any specified period or definite duration , motor vehicle records, and educational |

Applicant Signature Date