

APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____
First M.I. Last * (Maiden)

Social Security #: _____ - _____ - _____

Have you ever worked for The Akron Porcelain & Plastics Co.? yes no

Present Address _____
Street Apt. #
_____ City State Zip

Phone: (____) _____ Alternate Phone: (____) _____

Are you a citizen of the United States? yes no

If not a citizen, do you have permission to remain permanently in the US? yes no

Are you 18 years of age or older? yes no

Have you ever been convicted of a felony or misdemeanor? yes no

If yes, please give details: _____

Have you ever served in the US Armed Services? yes no If yes: Dates: _____

Branch: _____ Duties and special training: _____

Employment Availability: Full Time First Shift Any Shift
 Part Time Second Shift
 Temporary Third Shift

Date you can start: _____ Pay Expected: _____

Referred by: _____ Will you work overtime if asked? yes no

Do you have any physical or medical problems which would prohibit you from performing the job applied for?

yes no

If yes, please provide

details: _____

Education:

<u>School</u>	<u>Name</u>	<u>City</u>	<u>Course of Study</u>	<u>Circle Last Year Completed</u>			
High School	_____	_____	_____	1	2	3	4
College	_____	_____	_____	1	2	3	4
Other	_____	_____	_____	1	2	3	4

Are you a high school graduate? yes no

If not, do you have a GED? yes no

Complete all present and past employment, beginning with your current or most recent:

1. **Name & Address of Employer:** _____

 Phone Number: (____) _____

Dates Employed: From _____ To _____
 Weekly Pay: Start _____ End _____
 Starting Title: _____
 Present/Last Title: _____
 Type of Business: _____

Brief Description of Duties: _____
 Reason for Leaving: _____

2. **Name & Address of Employer:** _____

 Phone Number: (____) _____

Dates Employed: From _____ To _____
 Weekly Pay: Start _____ End _____
 Starting Title: _____
 Present/Last Title: _____
 Type of Business: _____

Brief Description of Duties: _____
 Reason for Leaving: _____

3. **Name & Address of Employer:** _____

 Phone Number: (____) _____

Dates Employed: From _____ To _____
 Weekly Pay: Start _____ End _____
 Starting Title: _____
 Present/Last Title: _____
 Type of Business: _____

Brief Description of Duties: _____
 Reason for Leaving: _____

Please check employers we may not contact: _____ 1 _____ 2 _____ 3
 Reason: _____

All potential employees are evaluated without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

*This information is required for positive identification purposes when checking records. It will not be used for any other purpose.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment shall be terminated.

Signature: _____