

Downtown - 216-664-0638 530 Euclid Ave, Cleveland

Crocker Park - 440-641-1460 58 Comet Alley, Westlake

**Employment Application Form** 

PLEASE COMPLETE PA	AGES 1-2			DATE						
Name										
	Last	First		Middle						
Present address										
	Number	Street	City	State	Zip					
How long at current address										
Telephone ()										
Are you under age 18YESNO, if "YES", can you provide proof of your eligibility to work?YESNO Are you currently authorized to work in the United States?YESNO. Proof of eligibility will be required if hired.										
Position applied for (1) No					Days/hours available to work   No Pref Thur   Mon Fri   Tue Sat   Wed Sun					
How many hours can you work weekly?										
Employment desired DFULL-TIME ONLY DPART-TIME ONLY DTEMPORARY/SEASONAL										
When are you available to start work?										
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION		-	OF YEARS PLETED	MAJOR & DEGREE				
High School										
College										
Bus. or Trade School										
Professional School										
Have you ever been convicted of a crime?  No  Yes (A Conviction record will not necessarily disqualify you from employment.)										
Employee Referral? Name										
UNDER OHIO LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, OR PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.										

APPLICATION FOR EMPLOYMENT										
		MILITA	<b>RY</b>							
HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes No										
ARE YOU NOW A MEMBER in the ARMED FORCES?  Yes No										
Specialty Date Entered Discharge Date										
Work Experience	Every and a set of the									
If you were self-employed, give firm name. Attach additional sheets if necessary.										
Name of employer Address			Name of last supervisor		Employment dates	Pay or salary				
City, State, Zip Code					From	Start				
Phone number					То	Final				
Reason for leavi	ng (be specific)									
Name of employ	er			e of last	Employment dates	Pay or salary				
Address			sup	ervisor						
City, State, Zip C	ode				From	Start				
Phone number					То	Final				
Reason for leaving	ng (be specific)									
May we contact your present employer?  Yes No										
Did you complete this application yourself										
	PLEA	ASE READ	CAREF	ULLY						
I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.										
I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.										
If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.										
We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.										
Thank you for completing this application form and for your interest in our business.										