

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without discrimination based on race, creed, color, religion, gender, national origin, marital status, or disability.

Name:

Last First Middle

Address:

Number Street City Zip Code

Email: _____

Telephone: () _____ Which company are you applying for? _____

Position applying for: _____ How did you learn of this position? _____

Are you a Union Member? Yes No If so, which Union (860, 310, etc.)? _____

What kind of work are you applying for? Full time Part time Temporary

What are your salary expectations? _____

Are you on a layoff from another job subject to recall? Yes No

If yes, give date your recall rights end: _____

Are you over 18? Yes No Do you have transportation to work? Yes No

If applying for a position that requires a driver's license:

Do you have a driver's license? Yes No License #: _____ CDL? Yes No

Have you ever applied or worked for any of the DiGeronimo Companies in the past? Yes No

If so, give dates: _____ Which company and position? _____

When would you be available for work? _____

If position requires travel, would you be willing? Yes No If yes, list % willing to travel (0-100%) _____

Are you legally authorized to work in the United States? Yes No

Have you ever been discharged by another employer? Yes No

If yes, please explain: _____

Have you ever been convicted of a misdemeanor involving theft, misrepresentation or moral turpitude, or any felony, or been released from prison or received deferred adjudication within the last 7 years? Yes No

If yes, please provide the date and place of the conviction and nature of crime: _____

(Convictions or imprisonment is not an automatic bar to employment. All circumstances will be considered.)

Have you ever illegally sold narcotics, amphetamines, barbiturates or other dangerous drugs?^{1/} Yes No
If "yes," give details: _____

Are you currently using illegal narcotics, amphetamines, barbiturates or other dangerous drugs?^{1/} Yes No
If "yes," give details: _____

Are you employed now? Yes No May be contact your present employer? Yes No

^{1/} An applicant must answer this question unless the record has been expunged (sealed) pursuant to 2953.31 et seq. of the Ohio Revised code. The question must nevertheless be answered if the nature of such conviction bears a direct and substantial relationship to the position for which the applicant has applied.

WORK EXPERIENCE – PLEASE COMPLETE FOR YOUR LAST THREE POSITIONS HELD- *PLEASE DO NOT WRITE “SEE ATTACHED RESUME”*

Employer (include address)	Dates of Employment	Positions Held/Duties	Reason for Leaving
Supervisor’s Name and Phone Number:			Salary:
Employer (include address)	Dates of Employment	Positions Held/Duties	Reason for Leaving
Supervisor’s Name and Phone Number:			Salary:
Employer (include address)	Dates of Employment	Positions Held/Duties	Reason for Leaving
Supervisor’s Name and Phone Number:			Salary:

EDUCATION SUMMARY

Name of School	City/State	Course of Study	# of Years Completed	Degree	GPA

In applying for employment, it is understood that we reserve the privilege of contacting past employers regarding references. Please do not list relatives or friends as references. **Business references only.**

REFERENCES

Name/Title	Phone	How Do You Know Them?	Length of Time Known



PRE-EMPLOYMENT STATEMENT

Please Read and Sign Below

I understand and agree that:

1. All facts I have provided on this application, in any resume or other materials I have submitted, and during any job interview, are true and complete to the best of my knowledge. Any false or misleading statement, or misrepresentation or omission of any fact on this application, resume or other material I have submitted, or during any job interview, will be grounds for not receiving an offer of employment, or, if an offer was made and accepted, immediate termination.
2. Any offer of employment I may receive from the Company is contingent upon my successful completion of the total pre-employment screening process and new hire processing, including the Company receiving references that it considers satisfactory, and my satisfactory completion of any post-job offer pre-employment physical examination that the Company may require, designed solely to determine my physical ability to perform the duties of the position being offered to me. I understand that my refusal to undergo such examination will preclude me from obtaining or continuing employment. Further, I hereby agree and authorize that all medical information obtained in association with the post-offer examination shall be released from the appropriate medical personnel to the Company, and release and hold harmless all persons, companies, and other entities conducting such examination from all liability(ies) and damages whatsoever in association with such examination.
3. I understand that as a condition of employment, I will be required to undergo and successfully pass a test for alcohol and/or drugs. I understand that my refusal to be tested as a condition of employment, or the failure to test negative, will preclude me from obtaining employment. I also understand that, if employed, I may be required to submit to an alcohol and/or drug test at any time at the discretion of the Company.
4. In processing my application for employment, the Company may verify any or all of the information provided by me, or may procure or have prepared an investigative consumer report for this purpose concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record and mode of living. The report may involve personal interviews with sources such as neighbors, friends, or associates. I understand that upon written request to the Company, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
5. I acknowledge and request that all of my present and former employers, schools, or those individuals I have listed as references furnish information about my employment/scholastic record. This may include the reason for the termination of my employment, work performance, abilities, school major, GPA, degree obtained, etc., and other qualities pertinent to my qualifications for employment. I hereby release all parties from any and all liability for damages arising from furnishing the requested information.
6. I agree that, if hired, I will comply with the policies, rules, regulations and procedures of the Company and understand that I may resign at any time, and the Company may terminate at any time for any reason not prohibited by law. In consideration of the Company's review of any application, I agree that any claim or lawsuit arising out of my employment with, or my application for employment with the Company or any affiliated companies, must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six months, I agree to be bound by the six month period of limitations and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Signature

Date

An Equal Opportunity Employer



Affirmative Action Survey

Government agencies require periodic reports on the gender, ethnicity, disabled and/or veteran status of applicants. This data is for analysis and affirmative action only.

Please be assured that you will not be subjected to any adverse treatment if you do not wish to provide the requested information.

Gender:

- Male Female

Race/Ethnic Group:

- White African American Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander
 Other

Veteran Status:

- Vietnam Era Special Disabled
 Newly Separated Other Protected

SUBMISSION OF INFORMATION ON THIS FORM IS VOLUNTARY

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