

Please fax application to: 614-231-7431 or mail to: 3750 E. Livingston Ave., Columbus, OH 43227

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY NO. _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU OVER THE AGE OF 18? YES ___ NO ___

DRIVER LICENSE NO. _____ STATE? _____ VALID? _____ EXP. DATE? _____

DRIVER LIC. EVER SUSPENDED OR REVOKED? YES ___ NO ___ WHEN? _____ WHY? _____

DO YOU HAVE DEPENDABLE TRANSPORTATION? _____ MODEL OF CAR? _____ YEAR? _____

IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME: _____

REFERRED BY: _____

DO YOU HAVE EXPERIENCE OR TRAINING IN AUTOMOTIVES? IF SO, PLEASE DESCRIBE: _____

EMPLOYMENT DESIRED FULL-TIME _____ PART-TIME _____

IF APPLYING FOR PART-TIME, LIST HOURS AVAILABLE _____

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ WHEN? _____ WHY? _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? _____

(CONTINUED ON OTHER SIDE)

RATE YOUR OVERALL ATTENDANCE HISTORY (TARDY & ABSENCE) FOR THE EMPLOYERS LISTED BELOW:

POOR _____ FAIR _____ GOOD _____ OUTSTANDING _____

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE	RELATIONSHIP

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE".

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE _____

NEATNESS: _____

PERSONALITY: _____

HIRED: YES _____ NO _____ POSITION: _____ DEPT. _____

SALARY / WAGE: _____ DATE REPORTING TO WORK: _____

EMPLOYMENT MANAGER: _____

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION.