

DATE: _____



EMPLOYMENT APPLICATION

1571 GRESSEL DR
DELPHOS, OH 45833
567-765-1010

PLEASE PRINT LEGIBLY

APPLICANT INFORMATION:

NAME: _____
FIRST MIDDLE LAST

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

LENGTH OF TIME AT CURRENT ADDRESS: _____ ARE YOU AT LEAST 18 YEARS OLD? _____

PHONE: _____ EMAIL: _____

DESIRED EMPLOYMENT:

POSITION: _____ DATE AVAILABLE: _____ DESIRED SALARY: _____

PLEASE SELECT EACH SHIFT YOU ARE APPLYING FOR:

- DAY SHIFT (A):** SUNDAY, MONDAY, TUESDAY:6AM – 6PM & WEDNESDAY:6AM – 12PM
- DAY SHIFT (B):** WEDNESDAY:12PM – 6PM & THURSDAY, FRIDAY, SATURDAY:6AM – 6PM
- NIGHT SHIFT (A):** SUNDAY, MONDAY, TUESDAY:6PM – 6AM & WEDNESDAY:6PM – 12AM
- NIGHT SHIFT (B):** WEDNESDAY:MIDNIGHT – 6AM & THURSDAY, FRIDAY, SATURDAY:6PM – 6AM

ARE YOU CURRENTLY EMPLOYED? _____ IF YES, MAY WE CONTACT THEM? _____

HOW DID YOU HEAR ABOUT HYDROFRESH? _____

EDUCATION / MILITARY BACKGROUND:

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 || 1 2 3 4 || 1 2 3 4
GRADE SCHOOL HIGH SCHOOL COLLEGE

LAST SCHOOL ATTENDED: _____ DID YOU GRADUATE? _____

LIST SKILLS & COURSES TAKEN THAT MAY HELP YOU IN THE POSITION BEING APPLIED FOR:

MILITARY BRANCH OF SERVICE: _____ FROM: _____ TO: _____

RANK: _____

CONTINUED ON BACK OF PAGE →

DATE: _____

EMPLOYMENT HISTORY:

LIST YOUR WORK HISTORY BELOW, STARTING WITH YOUR MOST RECENT EMPLOYMENT:

1). EMPLOYER NAME: _____ SUPERVISOR: _____
MAY WE CONTACT THEM? _____ PHONE: _____
RATE OF PAY: _____ POSITION: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____

2). EMPLOYER NAME: _____ SUPERVISOR: _____
MAY WE CONTACT THEM? _____ PHONE: _____
RATE OF PAY: _____ POSITION: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____

3). EMPLOYER NAME: _____ SUPERVISOR: _____
MAY WE CONTACT THEM? _____ PHONE: _____
RATE OF PAY: _____ POSITION: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____

REFERENCES:

PLEASE LIST 3 PEOPLE YOU ARE NOT RELATED TO AND HAVE KNOWN AT LEAST 2 YEARS.

1. NAME: _____ YEARS AQUAINTED: _____
BUSINESS: _____ PHONE: _____
2. NAME: _____ YEARS AQUAINTED: _____
BUSINESS: _____ PHONE: _____
3. NAME: _____ YEARS AQUAINTED: _____
BUSINESS: _____ PHONE: _____

APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, CREED, DISABILITY, SEX, RELIGION, OR NATIONAL ORIGIN.

AUTHORIZATION:

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 AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE. I RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENTS FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE: _____ **SIGNATURE:** _____