

Application for Employment



DATE OF APPLICATION ____ / ____ / ____

P.O. Box 369 • East Claridon, OH 44033

POSITIONS APPLIED FOR _____ RATE OF PAY (Hourly/Annual) EXPECTED \$ _____

REFERRAL SOURCE ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY
 WALK-IN PRIVATE EMPLOYMENT AGENCY OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

SECT. I. GENERAL

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY COUNTY STATE ZIP

TELEPHONE NUMBER (_____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE

E-MAIL ADDRESS _____

If necessary, best time to call you at home is _____

May we contact you at work? Yes No

If yes, work number and best time to call (_____) _____
AREA CODE TIME

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give date ____ / ____ / ____

Have you ever been employed here before? Yes No

If yes, give dates From ____ / ____ / ____ to ____ / ____ / ____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work ____ / ____ / ____

Type of employment desired: Full Time Part Time Temporary Seasonal Educational Co-Op

Will you work overtime if required? Yes No

Austinburg Truck Center is strongly committed to maintain a DRUG-FREE WORKPLACE. As such, all candidates for employment with **Austinburg Truck Center** will be required to complete a pre-employment drug screen.

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

Driver's license number (If required by job) State _____

AN EQUAL OPPORTUNITY EMPLOYER

SECT. II EMPLOYMENT HISTORY

List your last employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE / SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE / SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
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REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	

Comments (including explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS. Summarize special skills and qualifications acquired from employment or other experience that may qualify you for work with our Company.

SECT. III MILITARY

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ BRANCH _____ YEARS OF SERVICE _____

RANK AT DISCHARGE _____

SPECIAL TRAINING _____

SECT. IV EDUCATIONAL BACKGROUND

A. List last three (3) schools attended, *starting with the last one*, B. List number of years completed, C. Indicate degree or diploma earned, if any, D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable)

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

SECT. V OTHER

List any additional information you would like us to consider: _____

Vietnam Era Veteran?..... YES NO

If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973, please indicate by checking the box..... YES

SECT. VII PERSONAL REFERENCES

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	
	() -	

APPLICANT’S STATEMENT AND AUTHORITY TO RELEASE INFORMATION

The facts set forth above are true and complete. I understand that any misrepresentation or omission on this application may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I hereby authorize Austinburg Truck Center, and / or any authorized representative(s) bearing this release to obtain any information pertaining to my employment, military, credit history, law enforcement, criminal, medical, motor vehicle or educational records. This release is executed with full knowledge and understanding that the information will be used in connection with consideration of employment by Austinburg Truck Center. I further release any and all custodians of such records both individually and collectively, from any and all liability pertaining to this release.

I understand that this application is not, and is not intended to be, a contract of my employment. If, as a result of this application, an employment relationship ensues, it is my full understanding, the continuance of such relationship is at the will of Austinburg Truck Center and may be terminated by either party with or without cause. If I accept a position at any time with Austinburg Truck Center, I agree to abide by all rules, regulations, and policies of the company as a condition of employment.

I have read and affirm as my own the above statements.

Signature of Applicant

FOR OFFICE USE ONLY _____	WORK LOCATION _____
POSSIBLE POSITION(S) _____	POSITION _____
_____	EMPLOYEE NO. _____
APPOINT. WITH DR. _____ DATE _____	RATE: _____ DATE HIRED _____



AUTHORIZATION TO CONDUCT BACKGROUND CHECK

Notice of Intent to Procure Consumer Report (Background Check)

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.*, this notice is to inform you that as part of our evaluation procedure for employment, promotion or retention, we may obtain and review consumer report(s) and/or investigative consumer report(s) for employment purposes concerning you (Background Check). These report(s) will be obtained through the following Consumer Reporting Agency: Amerisearch Background Alliance, 2529 South Ridge Rd E; Phone: (800) 569-6133. Driving history records (DMV/MVR) will be obtained through First Advantage ADR. You have the right to make a written request, within a reasonable period of time after receiving this notice, for additional disclosures as to the nature and scope of any consumer report(s) we obtain. You are also entitled to receive a copy of the Federal Trade Commission’s publication, “A Summary of Your Rights under the Fair Credit Reporting Act”. You may have additional rights under state law.

By signing below, I authorize Amerisearch Background Alliance, to conduct an employment-related background check on me and to provide the results to the employer named below. I understand this report may contain information as to my character, general reputation, personal characteristics, or mode of living, such as my work habits, work performance and experience, reasons for discipline or termination from any current or prior employment, history of earnings, credit worthiness, credit standing or credit capacity, criminal convictions, driving history, and other related matters that may concern my eligibility for the position or promotion I am seeking. Amerisearch Background Alliance, will not provide any information where such disclosure is restricted by federal or state law.

By signing below, I authorize any present or past employer, supervisor or agent of the employer; high school, college, university or other institution of learning; local, state or federal court; department of motor vehicles, military branch or the national personnel records center; state sex offender registry, state licensing board, state workers’ compensation agency, credit bureau, personal or professional reference; to release records or information to Amerisearch Background Alliance, concerning my name, criminal history, motor vehicle history, social security number, earnings history, credit file, address history, educational history, character, reputation, and employment (including documented reasons for termination or discipline) and release such from any and all liability for any damage that may result from the furnishing of this information. This authorization shall be valid in original, faxed or photocopied form. This authorization shall expire upon termination of my employment with the employer named below.

Report to be released to: _____

Applicant Name: _____

Applicant Email address _____

Applicant Phone number _____

Any other Names used for Employment or Education: _____

Applicant Address: _____

City/State/ Zip Code _____

Social Security Number: _____

Month/Day of Birth/Year• _____

Driver’s License Number _____

State: _____

May we contact your current employer? _____

YES NO Not Currently Employed

Signature: _____

Date. _____

I understand that if the above named employer requests a copy of my consumer report for employment purposes, I have the right under California, Minnesota, and Oklahoma law to receive a copy of that consumer report from the employer free of charge. I understand that by checking “yes” below, a copy will be provided to me at the address I provided above. I would like to receive a copy of my consumer report (background check) (CA, MN, OK only) Yes No