

# APPLICATION FOR EMPLOYMENT

**PLACES, INC.**  
**11 W. Monument Ave. Suite 700**  
**DAYTON, OHIO 45402**

**Instructions:** Complete all information. If any question does not apply to you mark the question not applicable (N/A). Failure to answer every question may cause your application to be rejected. You may be asked to provide additional information. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. **Please Print**

NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ START DATE AVAILABLE \_\_\_\_\_

SHIFT PREFERRED: 1\_\_ 2\_\_ 3\_\_ ANY \_\_

SALARY EXPECTED \_\_\_\_\_

WOULD YOU ACCEPT FULL TIME WORK? YES \_\_\_ NO \_\_\_

WOULD YOU ACCEPT PART TIME WORK? YES \_\_\_ NO \_\_\_

HAVE YOU FILED AN APPLICATION HERE BEFORE? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES \_\_\_ NO \_\_\_

ARE YOU EMPLOYED NOW? YES \_\_\_ NO \_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES \_\_\_ NO \_\_\_

ARE YOU ON LAYOFF and SUBJECT TO RECALL? YES \_\_\_ NO \_\_\_

CAN YOU TRAVEL IF JOB REQUIRES IT? YES \_\_\_ NO \_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? YES \_\_\_ NO \_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

DO YOU HAVE CAR INSURANCE? YES \_\_\_ NO \_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY? YES \_\_\_ NO \_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

(A conviction will not necessarily bar the applicant from employment.)

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.**

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, handicap or other protected status. **A RESUME MAY NOT BE SUBSTITUTED IN PLACE OF COMPLETING THIS SECTION.**

1. Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate/salary: begin \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate/salary: begin \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate/salary: begin \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate/salary: begin \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES \_\_\_ NO \_\_\_  
IF NO, WHY NOT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PERSONAL REFERENCES**

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience.

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**EDUCATIONAL BACKGROUND**

	High	College/University	Graduate/ Professional
School Name			
Diploma/ Degree			
Years Completed/ Degree	9 10 11 12	1 2 3 4	1 2 3 4
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills and Extra Curricular Activities			

Honors Received: State any additional you feel may be helpful to us in considering your application.

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**APPLICANT'S STATEMENT**

- I agree to abide by all the rules of PLACES Inc. and will obey the directions and instructions of my supervisor. I will use and wear all safety appliances furnished by PLACES Inc. and will work in a safe manner observing all company safety rules, not exposing myself or other workers to unnecessary dangers.
- I understand the use or possession of drugs, alcohol or any controlled substances, other than prescribed by a physician, is strictly prohibited on PLACES Inc. premises. I understand that I may be required, as a condition of employment, to pass a drug test prior to a physical exam. In addition, I may be required to submit to a drug and alcohol test following a workplace injury and/or suspicious behavior.
- As provided by Section 4123.651 ( c ) of the Ohio Revised Code, I hereby permit the release of medical information, records and reports relative to the issues necessary for the administration of my worker's compensation claim to the Industrial Commission of Ohio, Ohio Bureau of Worker's Compensation, or the Company as such medical information, records and reports pertain to a condition either allowed or requested in my claim, or to consider the payment or to determine the eligibility of payment of compensation and medical benefits under my worker's compensation claim.

- I understand that it is the policy of PLACES Inc. not to hire employees who may be dangerous or harmful to PLACES Inc. or its associates, as evidenced by previous criminal convictions of this nature, unless adequate evidence of rehabilitation has occurred. **I understand that I will have to undergo a criminal background check prior, as a condition of employment and I give my permission for that check to be performed. I understand that disclosure of a criminal conviction will not disqualify me from consideration for the job which I have applied.**
- I understand that employment will be on an at will basis and may be terminated at anytime by either party with or without notice.
- I authorized this company to seek information about me from whatever source and I agree to hold PLACES Inc. harmless from any and all claims arising from such requests for information.
- I also agree that all former employers or any other persons may furnish PLACES, Inc. and subsidiaries with all information regarding their record of my service, performance, and reason for leaving. I hereby release such former employers and person from all liability for providing such information.
- I understand that any false, incomplete or misleading information on this application may cause this application to be rejected
- I understand that any unanswered questions on this application may cause this application to be rejected.

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**Signature of Employee**

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**Date**

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**Signature of Witness**

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**Date**

## APPLICANT REFERENCE CHECK

### To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate below. This information will remain confidential.

### To be completed by applicant:

APPLICANT'S NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

PREVIOUS EMPLOYER :

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

I hereby authorize the following information to be released.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### To be completed by previous employer:

Dates of Employment: From: \_\_\_\_\_ To:

\_\_\_\_\_

Position Title:

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

### POINTS OF REFERENCE

Please rate the applicant on the following characteristics:

**QUALITY OF WORK** Was the applicant careful and conscientious?  
\_\_\_ Excellent \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor

**QUANTITY OF WORK** How did applicant's actual volume of work compare to production standards?  
\_\_\_ Excellent \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor

**DEPENDABILITY** Rate the applicant's attendance, timeliness and promptness.  
\_\_\_ Excellent \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor

**ADAPTABILITY** Did the applicant respond well to change? Was he / she willing to learn new things?  
\_\_\_ Excellent \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor

Please give your Overall Rating of this applicant:

\_\_\_ Excellent \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor

Would you re-hire this applicant \_\_\_ Yes \_\_\_ No Why not?

\_\_\_\_\_

Additional Remarks:

\_\_\_\_\_

\_\_\_\_\_

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PREVIOUS EMPLOYER :

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

I hereby authorize the following information to be released.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### To be completed by previous employer:

Dates of Employment: From: \_\_\_\_\_ To:

\_\_\_\_\_

Position Title:

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Reason for Leaving:

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\_\_\_ Excellent \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor

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\_\_\_ Excellent \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor

Would you re-hire this applicant \_\_\_ Yes \_\_\_ No Why not?

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Additional Remarks:

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### To be completed by applicant:

APPLICANT'S NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

PREVIOUS EMPLOYER :

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

I hereby authorize the following information to be released.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### To be completed by previous employer:

Dates of Employment: From: \_\_\_\_\_ To:

\_\_\_\_\_

Position Title:

\_\_\_\_\_

Reason for Leaving:

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Please give your Overall Rating of this applicant:

\_\_\_ Excellent \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor

Would you re-hire this applicant \_\_\_ Yes \_\_\_ No Why not?

\_\_\_\_\_

Additional Remarks:

\_\_\_\_\_

\_\_\_\_\_

EMPLOYEE  
AUTHORIZATION AND WAIVER FORM

\_\_\_\_\_  
Employee – Print Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Having applied for employment at PLACES, Inc. and desiring my potential employer to be fully informed as to my character, education, experience, and my prior criminal record, I hereby authorize representatives of PLACES, Inc. to investigate and obtain from private or public sources and information, which, in the sole judgment of PLACES, Inc. relates to my character and suitability for employment. I hereby waive:

- (a) any and all claims and causes of action that I have and which may subsequently arise against facility, its owners, owner's affiliates, managers, officers, employees, representatives and agents as a result of any such investigation, and,
- (b) all right of access to any information obtained in the course of such investigation.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date