



Application for Employment

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 (____) _____

Street Address _____

City _____ State _____ Zip _____

Position Applied For _____ Start Date Available _____

Shift Preferred: 1st 2nd 3rd 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.)

Note: 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.

Educational Background

High School Name _____

Years Completed (check one) 9 10 11 12

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.

College/University Name _____

Diploma/Degree _____ or Years Completed (check one) 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.

Graduate/Professional School Name _____

Diploma/Degree _____ or Years Completed (check one) 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.

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.

Signature of Employee

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 If no, why not? _____

Additional Remarks _____

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:

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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 _____

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 If no, why not? _____

Additional Remarks _____

Applicant Reference Check

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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 _____

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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 If no, why not? _____

Additional Remarks _____

Release of Ohio Driver Records

Ohio Bureau of Motor Vehicles
Department of Highway Safety
Abstract Driver Record Unit
P.O. Box 1652
Columbus, OH 43216-6520

The applicant named below has submitted an application for employment with our firm. Please provide the information as released by the applicant below. This information will remain confidential.

Name of Applicant _____

Street Address _____

City _____ State _____ Zip _____

Current License Operator # _____

Social Security # _____

I hereby authorize my Ohio Driver Record information to be released to PLACES, Inc.

Applicant's Signature _____ Date _____

Release/Order Form for Background Screening

I, (name) _____, (SSN) _____, give permission for SECURE CHECK, its employees and contractors, to obtain information relating to me, including, but not limited to: criminal history, credit history (FRCA compliant), workers' compensation claims (post-employment offering), employment verification, education verification, driving records, and other information searches. I understand the results of these record checks will be released only to PLACES, Inc. for the purpose of pre-employment, tenancy, membership, and other screening. I understand that I may stop the process at this point but I wish to proceed. I am doing this voluntarily, without duress, coercion, threat, force, or promises of immunity or reward.

Important Notice: This agreement, stipulation and release is a legally binding contract. If not completely understood, do not sign but seek competent advice, such as that rendered by an attorney.

Signature _____ Date _____

Witness _____ Date _____

Required Information

Name of Applicant _____ Date of Birth _____

Other Names Used _____

Street Address _____

City _____ State _____ Zip _____

Please list for the last seven years:

Previous City/State of Residence _____ Dates _____

Previous City/State of Residence _____ Dates _____

Previous City/State of Residence _____ Dates _____

Driver's License # (if requesting driving record) _____ State _____

Background Information Requested

- Social Security Trace
- Business References (provide names/phone numbers)
- Criminal History
- Personal History (provide names/phone numbers)
- Driving Record
- Credit History
- Drug Screen
- Education Verification (include name of school, address and dates)

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:

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, all right of access to any information obtained in the course of such investigation.

Signature of Employee

Date

