



3830 Trueman Court  
Hilliard, Ohio 43026

# APPLICATION FOR EMPLOYMENT

## AN EQUAL OPPORTUNITY EMPLOYER

Prospective employees will receive consideration without discrimination based on race, color, religion, sex, national origin, handicap, ancestry, age or any condition prescribed by state or federal law.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone No. (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email address \_\_\_\_\_ Referred by \_\_\_\_\_  
(List person, agency, newspaper or Internet)

Position Applying For: \_\_\_\_\_ Location Preference: \_\_\_\_\_

Type of Employment:  Full-time  Part-time  On Call Are you 18 years of age or older?  Yes  No

Have you applied with us before?  Yes  No If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

If hired, can you provide written evidence that you are authorized to work in the U.S.?  Yes  No

Have you been convicted of a felony?  Yes  No Have you lived outside of Ohio in the last five years?  Yes  No

### EDUCATION

SCHOOL	NAME	LOCATION	MAJOR	DID YOU GRADUATE?	DEGREE
High School					
College					
Graduate/ Professional					
Other/ Technical					

### PREVIOUS EMPLOYMENT – Please explain gaps in employment on back of application or attach separate sheet.

Present or last employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Title/position \_\_\_\_\_ Immediate supervisor \_\_\_\_\_

Description of duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Salary \_\_\_\_\_

Employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Title/position \_\_\_\_\_ Immediate supervisor \_\_\_\_\_  
 Description of duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Salary \_\_\_\_\_

Employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Title/position \_\_\_\_\_ Immediate supervisor \_\_\_\_\_  
 Description of duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Salary \_\_\_\_\_

## REFERENCES

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

## SERVICE RECORD

Branch of Service \_\_\_\_\_ Discharge Date \_\_\_\_\_

## PRE-EMPLOYMENT AUTHORIZATION

"I Certify that the facts contained in this application are true and complete to the best of knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand that Easter Seals Central and Southeast Ohio, Inc. is a "terminable-at-will employer." I understand and acknowledge that either I or Easter Seals may terminate my employment at any time and for any reason consistent with federal and state law. I acknowledge Easter Seals or I may withdraw offer or acceptance of employment at any time, with or without prior notice should such offer be given.

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, personal or otherwise, and release the company from all liability for any damage that may 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 employment 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."

Signature \_\_\_\_\_ Date \_\_\_\_\_