

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Mobile/Other#: _____ Email: _____

Position(s) applied for: _____

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

May we contact you at work? Yes No

If yes, work number and best time to call:

Phone: _____ Time: _____ AM PM

If you are under 18 and it is required,
can you furnish a work permit? Yes No

If no, please explain: _____

Have you submitted an application before? Yes No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? Yes No

If yes, give date(s): From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work: _____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Please fill-out and fax or mail back to:

Ohio Gratings, Inc. - Attn: HR-08
5299 Southway St. S.W. • Canton, OH 44706
P: 330.477.6707 • F:330.479.3218
hrcareers@ohiogratings.com



Ohio Gratings, Inc. is an EEO
and a drug-free workplace.

Type of employment desired: Full-Time Part-Time

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

If no, please explain: _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes, please provide date(s) and details: _____

Referral Source (Please check the appropriate category and explain below)

- | | |
|--|---|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> School |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Classifieds | <input type="checkbox"/> Staffing Agency |
| <input type="checkbox"/> Website | <input type="checkbox"/> Government Employment Agency |
| <input type="checkbox"/> Other Internet Site | <input type="checkbox"/> Other |

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone#	Dates Employed	Month / Year	to	Month / Year
Address	City	Compensation (Starting)			
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$	per	
Immediate supervisor and title (for most recent position held)	May we contact for reference?		Commission/Bonus/Other Compensation \$		
Why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)		
Summarize the type of work performed and job responsibilities					
What did you like the most about your position?					
What were the things you liked least about the position?					

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Why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)		
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Why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)		
Summarize the type of work performed and job responsibilities					
What did you like the most about your position?					
What were the things you liked least about the position?					

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I understand if I am offered a job that it is contingent upon the passing of a pre-employment drug screen, physical, background and reference checks.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability or any other protected status under applicable federal, state or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials and any other words or conduct that demean, stigmatize, intimidate or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment or may result in my immediate discharge from the employer's service whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

