



653 Lida Street, PO Box 1407, Mansfield, OH 44903
(p) 419-522-2232 (f) 419-525-4165

APPLICATION FOR EMPLOYMENT

Amerascrew, Inc. is a DRUG FREE Workplace – all new hire's will be tested

It is the policy of Amerascrew, Inc., to provide equal employment opportunities for all applicants and employees without regard to race, color, religion, national origin, sex, veteran status, ancestry, age, handicap, marital status, or any other classification protected by federal, state or local law.

The employment relationship at Amerascrew Inc., is "at will" and employment can be terminated at any time with or without cause and with or without notice at the option of either Amerascrew, Inc., or the employee.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____

Telephone (____) _____

Social Security No: _____-_____-_____

Are you 18 years of age or older? _____

Position applying for _____

Salary desired) _____

(Be specific)

Days/hours available to work:

Any ___ Mon ___ Tue ___ Wed ___ thru ___ Fri ___ Sat ___ Sun ___

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date available to start? _____

| TYPE OF SCHOOL | SCHOOL NAME | (Complete mailing address) | # of YEARS COMPLETED | MAJOR or DEGREE |
|----------------------|-------------|----------------------------|----------------------|-----------------|
| High School | | | | |
| College | | | | |
| Bus. or Trade School | | | | |

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes ___ No ___

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes ___ No ___

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work history beginning with your most recent job held. If you are/were self-employed, give firm name. **Attach additional sheets if necessary.**

| | | | |
|--|-------------------------|------------------|----------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |

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May we contact your present employer? Yes ___ No ___

Did you complete this application yourself? Yes ___ No ___

If not, who did? _____