



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				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes ___ No ___

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes ___ No ___

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator ___ (CDL) ___ Chauffeur ___
Expiration date _____

Have you had any accidents during the past three years? How many? _____
Have you had any traffic/moving violations during the past three years? How Many? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. **PLEASE INCLUDE COMPUTER RELATED EXPERIENCE AND SOFTWARE KNOWLEDGE or other OFFICE SKILLS.**

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? _____