

# APPLICATION FOR EMPLOYMENT

**B.W. SUPPLY COMPANY**

15048 County Road 10-3

Lyons, OH 43533

419-923-1376

Date: \_\_\_\_\_

The following information is requested to help us make the best possible placement within the Company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling out this application form. The Company, in accordance with the State and Federal laws, does not discriminate on the basis of age, race, sex, religion, color, national origin, physical or mental disability or ancestry.

A medical examination, which includes a drug test, is a mandatory requirement for all applicants who receive job offers. **ALL OFFERS OF EMPLOYMENT WILL BE CONDITIONED ON THE RESULTS OF THE MEDICAL EXAMINATION.**

NOTE: If after ninety (90) days from the date of this employment application you have not been contacted the Company and you still desire to be considered for a position with this Company, you must submit a new employment application.

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you at least 18 years of age? YES NO

If you are under 18 years of age, please state your age: \_\_\_\_\_

Have you ever been convicted for a felony? YES NO

This is a NO SMOKING/NO TOBACCO facility.  
Do you understand this statement? YES NO

Have you ever worked for this Company before? YES NO

If yes, when and how long? \_\_\_\_\_

Which position are you applying for? \_\_\_\_\_

Other positions for which you would like to be considered:  
\_\_\_\_\_

Expected Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

What experience or skills qualify you for work here?

\_\_\_\_\_

Have you served an apprenticeship?    YES                    NO

If yes, how long? \_\_\_\_\_

Where                    \_\_\_\_\_

Trade                    \_\_\_\_\_

When                    \_\_\_\_\_

If your application is considered favorably, on what date can you begin work?

\_\_\_\_\_

EDUCATION:

High School – School Name – Address – Last Yr. Completed – Did You Graduate? Yes No

\_\_\_\_\_

College – School Name – Address – Last Yr. Completed – Did You Graduate? Yes No

\_\_\_\_\_

EMPLOYMENT RECORD:

Date of Employment: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Weekly Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Date of Employment: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Weekly Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Date of Employment: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Weekly Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact Former Employers?      YES                      NO

PERSONAL REFERENCES: (Not Former Employers or Relatives)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

PLEASE READ THE LANGUAGE BELOW CAREFULLY. SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS LANGUAGE, PLEASE SEEK ASSISTANCE PRIOR TO SIGNING THIS DOCUMENT.

I certify that the information contained in this application is true, accurate, and complete. I understand that falsification of this Employment Application in any detail may result in disqualification from further consideration, or, if hired, immediate dismissal without notice from employment. As a condition of employment, I understand the Company reserves the privilege to thoroughly investigate and verify all information contained in this Employment Application, including but not limited to contacting any of the aforementioned employers, supervisors and references. I agree to indemnify and save harmless the Company from against any liabilities, claims, attorney fees, costs, causes of action or other liability arising directly or indirectly from, or associated with, this Employment Application.

I agree to conform to the rules and regulations of the Company, and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I further understand that no personnel recruiter or interviewer or other representative of the Company, has any authority to enter into my agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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B.W. SUPPLY COMPANY TO FILL OUT BOTTOM PORTION:

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hired ?    YES        NO        Date Employment Begins: \_\_\_\_\_

Position: \_\_\_\_\_                      Starting Rate: \_\_\_\_\_