|  |  |  |
| --- | --- | --- |
|  |  | Midwest Acoust-A-Fiber |
| A picture containing graphical user interface  Description automatically generated |  | 759 Pittsburgh Dr  Delaware, OH 43015 |
|  |  | (740)-369-3624 Ext. 116 or 137 |

# Employment Application

As an equal opportunity employer, the company does not discriminate in hiring or terms and conditions of employment because of an individual’s race, creed, color, sex, age, religion, disability, veteran’s status, or national origin. The company hires individuals authorized for employment in the United States.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |
| --- | --- |
| Social Security No.: |  |

|  |  |
| --- | --- |
| How Did You Learn About Us? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position Applied for: |  | Shift Applied for: |  |

|  |  |
| --- | --- |
| Available Start Date: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES | NO | If yes, when? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you currently employed? | YES | NO | If yes, may we contact your current employer? | YES | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have a car/driver’s license? | YES | NO | If no, do you have a form of reliable transportation? | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, please explain: |  |

|  |  |  |
| --- | --- | --- |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? | YES | NO |

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| Please check box next to highest level of education: | | | |
| High School | | | | |
| College | | Degree: |  | |
| Special Skills and Qualifications: |  | | | |
|  | | | | |
|  | | | | |

## Foreign Languages

Please indicate any foreign languages you can speak/read/write

|  |  |  |  |
| --- | --- | --- | --- |
|  | FLUENT | GOOD | FAIR |
| SPEAK |  |  |  |
| READ |  |  |  |
| WRITE |  |  |  |

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Phone: |  |
|  |  |  |  |
| Full Name: |  | Phone: |  |
|  |  |  |  |
| Full Name: |  | Phone: |  |

## Employment Experience

Start with your present/last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company: |  |  | Job Title: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Starting Salary: | | | $ | | | |  | | Ending Salary: | | | | $ | |  | |
| Responsibilities: | | | |  | | | | | | | | | | | | |
| From: |  | | | | To: |  | | | | | Reason for Leaving: | | |  | | |
|  |  | | | |  |  | | | | |  | | |  | | |
|  | | | | | | | | | |  | | | |  | |  |
| Company: | |  | | | | | |  | Job Title: | | |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Starting Salary: | $ |  | Ending Salary: | $ |  |
| Responsibilities: |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: | |  | | | | Job Title: |  | |
| Starting Salary: | | $ | | | | Ending Salary: | $ | |
| Responsibilities: | |  | | | | | | |
| From: |  | | To: |  | Reason for Leaving: | | |  |

If you need additional space, please continue on a separate sheet of paper.

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |
| --- |
| I certify that answers given herein are true and complete to the best of my knowledge.  I authorize investigation of all statements contained in this application for employment may be necessary in arriving at an employment decision.  This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.  I hereby understand and acknowledge that, any employment relationship with this organization is of an “at will” nature, which means that I may resign at any time and MWAAF may discharge me at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  In the event of employment, I understand that I will undergo any lawful examinations for health and or substance abuse.  In the event of employment, I understand that false or misleading information given in my application or interview or at any time during employment may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.  Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Applicant’s Statement

## Background Check Authorization

1. I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date. When I responded to questions on this application, I continued on a separate sheet of paper and attached it to this application when I required more space to fully answer all questions.

2. I understand that an investigative report may be generated on me that may include information as to written, oral, or other – from a consumer reporting agency bearing experience, along with reasons for termination of past employment, financial/credit history. Criminal history records from any criminal justice agency in any or all-federal, state, city, and county jurisdictions. Included as well but not limited to State Department of Motor Vehicle/Drivers’ License Records to include all traffic citations and registration. As well as Military National Personnel Record Center, Educational Institutions, including but not limited to transcripts or any individual, company, firm, corporation, present and/or past employers, public agencies (Including the Social Security Administration and the Immigration & Naturalization Service). I fully give my consent to and understand that Midwest Acoust-A-Fiber and/or their agents may be requesting information from public and private sources about any of the information noted earlier in this paragraph.

3. According to the Fair credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency, If so; I will be notified and be given the name of the agency providing that report.

4. I agree that a photocopy of telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state, and county agencies including the Minnesota Department of Labor.

5. Minnesota, Oklahoma, and New York applicants only: Please check this box if you want a copy of the consumer report if one is obtained by Midwest Acoust-A-Fiber:

C

6. California applicants only: By signing below, you acknowledge receipt of the “Notice Regarding Background Investigation Pursuant to California Law”. Please check this box if you would like a copy of the investigative consumer report or consumer credit report if one is obtained by Midwest Acoust-A-Fiber at no charge whenever you have the right to receive such a copy und California Law

C

7. I hereby authorize, without reservation, anyone contacted by Midwest Acoust-A-Fiber and/or their agents, to furnish the information described in Section 1.

## Applicant Complete the Following

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature | | Today’s Date |

|  |  |
| --- | --- |
|  |  |
| Please print full name |  |

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |
| Please print any other names you have used |  | | Social Security Number |  | Date of Birth |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Home Address |  | City |  | State |  | Zip Code |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Driver’s License Number and State |  | Name as it appears on License |

|  |  |
| --- | --- |
| Please list any other states you have resided in: |  |

Have you ever been convicted of or plead guilty to a crime? No Yes If yes, please explain:

C

C

(Conviction will not automatically disqualify you from being considered as a candidate for employment.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I have a right to request a disclosure of the nature and scope of the report if it involves personal interviews with sources such as my friends, acquaintances, or other who may have relevant information. I understand that I have the right to receive a copy of my information report.

THIS IS NOT AN EMPLOYMENT CONTRACT