



Company Wrench Ltd.  
4805 Scooby Lane NW  
Carroll, Ohio 43112

EMPLOYMENT APPLICATION  
An Equal Opportunity Employer

(PLEASE PRINT)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status.

APPLICANT NAME	DATE OF APPLICATION
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STREET ADDRESS	HOME PHONE
<hr/>	
CITY, STATE, ZIP	BUSINESS PHONE
<hr/>	
POSITION APPLIED FOR	SOCIAL SECURITY #
<hr/>	

How did you learn about this opening? \_\_\_\_\_

PERSONAL INFORMATION

Have you ever worked for this company before?  NO  YES, FROM \_\_\_\_\_ TO \_\_\_\_\_

What shifts can you work?  DAYS  EVENINGS  NIGHTS  ANY

Type of employment:  FULL-TIME  PART-TIME  TEMP  SEASONAL

Wage expected \_\_\_\_\_ Date Available \_\_\_\_\_

Are you willing to relocate?  Yes  No

Are you willing to travel?  Yes  No

Date of birth, if under 18 \_\_\_\_\_

Can you submit verification of your right to work in the U.S. after being hired? Yes No

Have you been convicted for other than minor traffic violations within the past seven years?  Yes  No If yes, please Explain: (A conviction record will not necessarily bar an applicant from employment.)

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Have you ever been discharged from any employment or asked to resign?  
 Yes  No If yes, please Explain:

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**EDUCATION**

HIGH TRADE/TECHNICAL/  
COLLEGE/UNIVERSITY GRADUATE/PROFESSIONAL

SCHOOL NAME

YEARS- Circle highest 9 10 11 12 1 2 3 4 1 2 3 4  
Level completed

DIPLOMA/DEGREE

DESCRIBE COURSE  
OF STUDY

DESCRIBE SPECIALIZED  
TRAINING, SKILLS,  
APPRENTICESHIP, ETC.

**SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS**

INCLUDING HOBBIES OR EXPERIENCE WHICH YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE INDICATE ANY PRIOR MILITARY SERVICE WHICH YOU WOULD LIKE CONSIDERED IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT.

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**EMPLOYMENT EXPERIENCE**

List each job held. Start with your Present or Last Job. Include military service assignments, volunteer activities, and periods of unemployment.

EMPLOYER	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	PHONE NUMBER		
SUPERVISOR	HOURLY RATE/SALARY		
REASON FOR LEAVING			

MAY WE CONTACT THIS EMPLOYER? [ ] Yes [ ] No

EMPLOYER	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	PHONE NUMBER		
SUPERVISOR	HOURLY RATE/SALARY		
REASON FOR LEAVING			

MAY WE CONTACT THIS EMPLOYER? [ ] Yes [ ] No

EMPLOYER	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	PHONE NUMBER		
SUPERVISOR	HOURLY RATE/SALARY		
REASON FOR LEAVING			

MAY WE CONTACT THIS EMPLOYER? [ ] Yes [ ] No

EMPLOYER	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	PHONE NUMBER		
SUPERVISOR	HOURLY RATE/SALARY		
REASON FOR LEAVING			

MAY WE CONTACT THIS EMPLOYER? [ ] Yes [ ] No

OTHER REFERENCES (Persons who know you and are not relatives. We will assume that we have your permission to contact these people unless you indicate to the contrary)

NAME	ADDRESS & PHONE	OCCUPATION

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENT) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

IN CONNECTION WITH MY APPLICATION, I AUTHORIZE THE COMPANY TO OBTAIN INFORMATION FROM ALL OF MY PAST EMPLOYERS, ALL EDUCATIONAL INSTITUTIONS I ATTENDED, ALL AGENCIES THAT HAVE ISSUED ME A PROFESSIONAL OR VOCATIONAL LICENSE OR CERTIFICATION AND ALL CRIMINAL CONVICTIONS. A PAST CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. IF HIRED, I AGREE TO ABIDE BY ALL OF THE COMPANY RULES AND REGULATIONS, AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER VERBAL OR WRITTEN BY ANY REPRESENTATIVE OR AGENT OF THE COMPANY, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THE APPLICATION BY ME. ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON THE APPLICANT'S PASSING A URINALYSIS TEST FOR DRUGS OF ABUSE.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_