

10115 Transportation Way - Cincinnati OH 45246 513-942-9663 or E-mail jimq@thecomfortzone.com

EMPLOYMENT APPLICATION

If you need any help to complete this application, please notify the person who gave you this form. Every effort will be made to have someone help you in a reasonable amount of time.

IT IS OUR POLICY TO SEEK AND EMPLOY THE BEST QUALIFIED PERSONNEL AND TO CONSIDER ALL APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN OR DISABILITY THAT CAN BE REASONABLY ACCOMMODATED WITHOUT UNDUE HARDSHIP.

READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

I understand that neither this completed application nor a commitment of employment if made, constitutes a contact of employment. Further, that if I am hired my employment will be at-will, meaning that either myself or my employer may terminate the employment relationship at any time, with our without cause and with or without notice. Offers of employment, if made, become effective only when and if all hiring requirements are satisfactorily completed. Physical exams, drug/alcohol screening, background checks including employment, criminal and driving records may be required. Licensing or other certifications may be required for certain positions. I authorize the investigation of all statements I made on this application or any interviews I may have in the future. If offered employment, I authorize the background records and reference checks required for employment and release those contacts to give any and all pertinent information, personal or otherwise.

I further release and agree to hold harmless this organization and all parties providing information from all liability for any claims or damage that may result from furnishing such information to you. The information I will give on this application will be true and complete to the best of my knowledge and belief, with my understanding that any false information given now or at any interview will be sufficient reason for immediate dismissal. I have read the preceding information and agree to complete and submit my application for employment accordingly.

SIGNATURE OF APPLICANT:			DATE OF APPLICATION:			
Name:						
Last		First		Middle Initial		
Present Address:						
Street			City		State	Zip
Social Security No:			Position Applied For:			
Home Phone No:	_ Salary Ex	Salary Expected:				
Regular		Part Time		Seasonal/Ter	mporary \Box	
	PERS	SONAL DAT	<u>ΓΑ</u>			
Are You 18 Years of Age or Over?	Yes 📉	No 🔲	The following conditions may be rquired at some point			
If under 18, do you have a work permit?	Yes 🔲	No \square	in an hourly paid job assignment. If rqu			l, would you
			be willing to	work:		
Have you ever worked for us before?	Yes	No 🗀	A. Shift Work? Yes		Yes D N	。
If Yes, list dates:			B. Rotationa		Yes N	
		_		n Mon-Friday?		
Do you have a legal right to work in the USA?	Yes L	No 🔲	D. Overtime	?	Yes L N	о Ц
Have you ever been convicted of a felony within the la	st seven (7) yea	ars?	Yes	No 🔲		
Please explain (Conviction will not necessarily disquali	ify an applicant	from employm	nent.)			
How were you referred to us?						
	EDUCA	ATIONAL DA	ATA			
Completed? Grade School Yes No No		Completed?	P High School	Yes	No 🔲	
Name/Location of High School:						
College(s):	Years Com	pleted 1 2 3	4 5 6	Certificates/D	egrees Held:	
			•			
Others Education	_ Years Com	pieted 1 2 3	4 5 6	Certificates/L	regrees Heid:	
Other Education:						
U.S. Armed Forces Service? Special Skills/Training:	No	Branch:			Rank:	

AE REV 5/07

WORK HISTORY

(Ask for additional paper to list all employers.)

List Names of Former Employers: A. Name B. Phone No. C. Address--City/State/Zip Latest Position First: Position: Dates: Salary Reason for Leaving from: May we contact your present employer? Yes \square_{No} Present or ending Person to Contact: start May we contact your present employer? Yes No Present or ending Person to Contact: from: May we contact your present employer? start Yes No Present or ending Person to Contact: May we contact your present employer? Yes No Present or ending Person to Contact: May we contact your present employer? Yes No Present or to: ending Person to Contact: May we contact your present employer? Yes No Present or ending Person to Contact: from: May we contact your present employer? Yes No to: Present or endina Person to Contact: USE THIS SPACE TO PROVIDE REFERENCES AND ADDITIONAL INFORMATION THAT WILL HELP US CONSIDER YOUR APPLICATION Please list three references with names, their relationship to you and their phone numbers, including area codes. Relation:_____ Phone Number: (____) Relation:_____ Phone Number: (____) Name:____ Relation:_____ Phone Number: (____) ____ 3. Name: Summarize any special job-related skills, qualifications or educational experiences. Include any additional information which you believe will be helpful in considering your application for employment