

# A. B. Bonded Locksmiths, Inc.

## Employment Application

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_  
EMERGENCY PHONE: \_\_\_\_\_  
PREVIOUS ADDRESS: \_\_\_\_\_ TIME AT FIRST ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ TIME AT SECOND ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? : \_\_\_\_\_  
POSITION APPLIED FOR: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_  
TIME OF EXPERIENCE IN THIS FIELD: \_\_\_\_\_ REQUIRED SALARY IF HIRED: \_\_\_\_\_  
APPLYING FOR: FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ DAYS AND HOURS AVAILABLE: \_\_\_\_\_ (MUST ANSWER)

### **EMPLOYMENT HISTORY** (LIST LAST OR PRESENT EMPLOYER FIRST)

| <u>FIRM</u>               | <u>SALARY</u>            | <u>NATURE OF YOUR WORK</u>   |
|---------------------------|--------------------------|------------------------------|
| NAME: _____               | START: _____             | HOURS WORKED: _____          |
| ADDRESS: _____            | END: _____               | EMPLOYED FROM _____ TO _____ |
| CITY, STATE _____         | BENEFITS RECEIVED: _____ |                              |
| PHONE: _____              | SUPERVISORS NAME: _____  |                              |
| REASON FOR LEAVING: _____ |                          |                              |

| <u>FIRM</u>               | <u>SALARY</u>            | <u>NATURE OF YOUR WORK</u>   |
|---------------------------|--------------------------|------------------------------|
| NAME: _____               | START: _____             | HOURS WORKED: _____          |
| ADDRESS: _____            | END: _____               | EMPLOYED FROM _____ TO _____ |
| CITY, STATE _____         | BENEFITS RECEIVED: _____ |                              |
| PHONE: _____              | SUPERVISORS NAME: _____  |                              |
| REASON FOR LEAVING: _____ |                          |                              |

| <u>FIRM</u>               | <u>SALARY</u>            | <u>NATURE OF YOUR WORK</u>   |
|---------------------------|--------------------------|------------------------------|
| NAME: _____               | START: _____             | HOURS WORKED: _____          |
| ADDRESS: _____            | END: _____               | EMPLOYED FROM _____ TO _____ |
| CITY, STATE _____         | BENEFITS RECEIVED: _____ |                              |
| PHONE: _____              | SUPERVISORS NAME: _____  |                              |
| REASON FOR LEAVING: _____ |                          |                              |

CHECK ANY OF THE SKILLS YOU HAVE ACQUIRED

TYPING \_\_\_ CALCULATOR \_\_\_ CLERICAL \_\_\_ ROAD SERVICE \_\_\_ MANAGEMENT \_\_\_
COMPUTER \_\_\_ ACCOUNTING \_\_\_ TELEPHONE \_\_\_ MAINTENANCE \_\_\_ CUSTOMER SERVICE \_\_\_

EDUCATION HISTORY

TYPE OF SCHOOL NAME AND ADDRESS DATES DEGREE/DIPOLMA
HIGH SCHOOL
COLLEGE
BUSINESS OR TRADE SCHOOL

MISCELLANEOUS INFORMATION

DO YOU HAVE ANY HEALTH PROBLEMS WHICH WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED? IF YES, GIVE DETAILS
TIME LOST DURING THE PAST YEAR FOR ANY REASON
HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? IF YES, GIVE DETAILS
DO YOU HAVE A LEGAL STATE OF OHIO DRIVERS LICENSE? ARE YOU A HIGH RISK DRIVER? EVER DRIVE A VAN?
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? IF YES, GIVE DATE AND JOB DUTIES
DO YOU KNOW SOMEONE WHO IS OR HAS WORKED HERE? IF YES, GIVE NAMES

PERSONAL REFERENCES

(NOT FORMER EMPLOYERS OR RELATIVES)

NAME ADDRESS PHONE OCCUPATION

I certify that all answers given by me in this application are true and complete. I understand that any false, incomplete or misleading answers by me in connection with this application will constitute justifiable cause for A. B. Bonded Locksmiths Co., Inc. not to employ me or, if employed, to terminate my employment.
I authorized my former employers to furnish their records of my service, my reason for leaving their employ, together with all information they may have on record concerning me. I release any individual, partnership, or corporation which formerly employed me from any liability or any damage whatsoever for issuing such information.
I am willing to submit to a physical examination at the request of A. B. bonded Locksmiths Co., Inc. I am also willing to participate in security interviews and testing at the request of A. B. Bonded Locksmiths Co., Inc.
If hired, I agree to conform to all the policies and procedures of A. B. Bonded Locksmiths Co., Inc. I understand that, if hired, I have the option to terminate my employment relationship with A. B. Bonded Locksmiths Co., Inc. with or without cause and without notice at any time, and that A. B. bonded Locksmiths Co., Inc. retains the same right.

SIGNATURE OF APPLICANT DATE: