

DRIVER'S LICENSE (Only for positions which require driving)

Do you have a driver's license? Yes No Expiration date _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years Yes No How many? _____

MILITARY

Are you a veteran of the United States military service? Yes No If yes, what branch? _____

If yes, Date Entered _____ Date Discharged _____

If yes, please describe any special skills or training acquired while in the service:

WORK EXPERIENCE
Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary.

Most Recent Employer	Dates Employed From: _____ To: _____	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: _____ To: _____	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

REFERENCES
Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. **Any person who knowingly makes a false statement is guilty of falsification under section 2921.13 of the revised code, which is a misdemeanor of the first degree.**

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Signature of applicant

Date

FOR OFFICE USE ONLY

Date of Board Approval as: F/T Employee _____ Substitute _____