

APPLICATION FOR EMPLOYMENT



395 Portage Blvd.
Kent, Ohio 44240
Office 330-673-9510
Fax 330-673-4603
www.cosarmold.com

HR USE ONLY

Applicant No. _____
Employee No. _____
Company No. _____
Location _____
Date Employed _____

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Documents Received:
 Resume
 Reference Checks
 Interview Record
 Payroll/Status Change Notice
 Employee Record Card

Date _____

Name _____
First Middle Last
Present address _____
No. Street City State Zip
Previous address _____
No. Street City State Zip
Telephone Number () _____ Email address _____

Do you have a legal right to be employed in the United States? Yes (proof required) No

Are you over the age of 18? Yes No

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month/Year
Where? _____ Rate of Pay _____ Position _____
Reason for leaving _____

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____
Position applying for _____ Full Time Part Time Temporary Seasonal
Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

1	COMPANY NAME	DATES WORKED		POSITION(S) HELD			
	ADDRESS, CITY, STATE, ZIP	FROM	TO				
	PHONE NO. ()	DUTIES / RESPONSIBILITIES					
	TYPE OF BUSINESS						
	NAME OF SUPERVISOR	REASON FOR LEAVING					
BASE GROSS INCOME \$	STARTING WAGE per	<input type="checkbox"/> HOUR	ENDING/CURRENT per	<input type="checkbox"/> HOUR	<input type="checkbox"/> BONUS	AMOUNT RECEIVED \$	WORK HOURS:
	<input type="checkbox"/> YEAR	\$	<input type="checkbox"/> YEAR	<input type="checkbox"/> INCENTIVES			

2	COMPANY NAME	DATES WORKED		POSITION(S) HELD			
	ADDRESS, CITY, STATE, ZIP	FROM	TO				
	PHONE NO. ()	DUTIES / RESPONSIBILITIES					
	TYPE OF BUSINESS						
	NAME OF SUPERVISOR	REASON FOR LEAVING					
BASE GROSS INCOME \$	STARTING WAGE per	<input type="checkbox"/> HOUR	ENDING per	<input type="checkbox"/> HOUR	<input type="checkbox"/> BONUS	AMOUNT RECEIVED \$	WORK HOURS:
	<input type="checkbox"/> YEAR	\$	<input type="checkbox"/> YEAR	<input type="checkbox"/> INCENTIVES			

3	COMPANY NAME	DATES WORKED		POSITION(S) HELD			
	ADDRESS, CITY, STATE, ZIP	FROM	TO				
	PHONE NO. ()	DUTIES / RESPONSIBILITIES					
	TYPE OF BUSINESS						
	NAME OF SUPERVISOR	REASON FOR LEAVING					
BASE GROSS INCOME \$	STARTING WAGE per	<input type="checkbox"/> HOUR	ENDING per	<input type="checkbox"/> HOUR	<input type="checkbox"/> BONUS	AMOUNT RECEIVED \$	WORK HOURS:
	<input type="checkbox"/> YEAR	\$	<input type="checkbox"/> YEAR	<input type="checkbox"/> INCENTIVES			

4	COMPANY NAME	DATES WORKED		POSITION(S) HELD			
	ADDRESS, CITY, STATE, ZIP	FROM	TO				
	PHONE NO. ()	DUTIES / RESPONSIBILITIES					
	TYPE OF BUSINESS						
	NAME OF SUPERVISOR	REASON FOR LEAVING					
BASE GROSS INCOME \$	STARTING WAGE per	<input type="checkbox"/> HOUR	ENDING per	<input type="checkbox"/> HOUR	<input type="checkbox"/> BONUS	AMOUNT RECEIVED \$	WORK HOURS:
	<input type="checkbox"/> YEAR	\$	<input type="checkbox"/> YEAR	<input type="checkbox"/> INCENTIVES			

WORK REFERENCES

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

SPECIAL SKILLS

Please check the skills for which you have received training:

Word Processing (WPM _____)
 Data Entry
 10 - Key Calculator

Software Packages: _____

Programming Languages: _____

Database: _____

Manufacturing Equipment: _____

Other: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date