

NAME: _____ DATE: _____
Last First Middle



Employment Application

Ohio Star Forge Co. is an equal opportunity employer. All qualified applicants, including handicapped persons and veterans, will be considered without regard to race, religion, color, national origin, sex or age.

APPLICATION FOR EMPLOYMENT

PERSONAL AND GENERAL HISTORY

1. PERSONAL INFORMATION (print plain and in ink)

FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NUMBER
PRESENT STREET ADDRESS		CITY	STATE
AREA CODE & PHONE NUMBER		ZIP CODE	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, DO YOU HAVE A WORK VISA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU UNDER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A MINOR VEHICLE VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, DESCRIBE:			

2. POSITION DESIRED

POSITION OR TYPE OF WORK DESIRED	SALARY DESIRED \$	DATE AVAILABLE: HOW MUCH NOTICE TO EMPLOYER?

State skills, talents, or training which might contribute to your qualifications for this position:

CAN YOU TYPE? <input type="checkbox"/> YES <input type="checkbox"/> NO WPM _____	CAN YOU OPERATE BUSINESS MACHINES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND?
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3. EDUCATION

NAME OF SCHOOL	CITY	STATE	YEARS	GRADUATED	COURSE/MAJOR/DEGREE
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	
List any licenses (including professional), certificates or honors you may have and dates received					

4. ACTIVITIES & DISTINCTIONS

List professional activities, distinctions, honors and/or service organization memberships. It is not necessary to list organizations which identify religion, race, national origin or political persuasion.

List hobbies and/or other interests

5. UNITED STATES MILITARY SERVICE (answer only if applicable)

BRANCH	SERVICE DATES	FROM:	MO	YR	TO:	MO	YR
DUTIES:							RANK/RATING AT DISCHARGE OR SEPARATION

PRESENT AND PRIOR EMPLOYMENT

Give details of your last four employers. List present or last positions first and account for all lapses of time. Include details of military service where service specialties or duties are relevant to the job or position you are seeking with Ohio Star Forge Co.

Name of Present or Last Employer:		Type of Business:			
Address:		City:		State:	
Telephone:	Name of Supervisor:	Supervisor's Job Title:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Date: Month	Year	Leaving Date: Month	Year	Starting Pay:	Final Pay:
Reason for leaving:					
Job Title (present or last):					
Description of Work and Responsibilities:					

Name of Next Previous Employer:		Type of Business:			
Address:		City:		State:	
Telephone:	Name of Supervisor:	Supervisor's Job Title:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Date: Month	Year	Leaving Date: Month	Year	Starting Pay:	Final Pay:
Reason for leaving:					
Job Title (last):					
Description of Work and Responsibilities:					

Name of Next Previous Employer:		Type of Business:			
Address:		City:		State:	
Telephone:	Name of Supervisor:	Supervisor's Job Title:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Date: Month	Year	Leaving Date: Month	Year	Starting Pay:	Final Pay:
Reason for leaving:					
Job Title (last):					
Description of Work and Responsibilities:					

Name of Next Previous Employer:		Type of Business:			
Address:		City:		State:	
Telephone:	Name of Supervisor:	Supervisor's Job Title:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Date: Month	Year	Leaving Date: Month	Year	Starting Pay:	Final Pay:
Reason for leaving:					
Job Title (last):					
Description of Work and Responsibilities:					

What do you feel are the highlights of your experience and accomplishments? _____

What are your plans for the future? _____

Which of your jobs did you like most and why? _____

Which of your jobs did you like least and why? _____

REFERENCES:	Name	Address	Telephone	Occupation

AGREEMENT

I hereby apply for employment by Ohio Star Forge Co., and state that:

- The information contained in this application is true to the best of my knowledge and belief and I understand and agree that any misrepresentation or false statement by me in connection with the application will constitute justifiable cause for Ohio Star Forge Co. not to employ me or, if employed, to terminate my employment for cause.
- I understand and agree that all information furnished in this application may be verified by Ohio Star Forge Co. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Ohio Star Forge Co. all information relative to such verification and hereby release such individuals, organizations and Ohio Star Forge Co. from any and all liability for any claim or damage resulting therefrom.
- I understand that employment by Ohio Star Forge Co. is contingent following an offer of employment, upon my submitting to a physical examination and satisfying the qualifications necessary for employment in the position, as determined by Ohio Star Forge Co. with or without reasonable accommodations. Should a reasonable accommodation be necessary, I will cooperate with the company in finding and making such an accommodation. If employed, I agree to submit to medical examinations from time to time during the course of my employment whenever requested by Ohio Star Forge Co. Such examinations will be performed by healthcare providers designated by Ohio Star Forge Co. at Ohio Star Forge Co. expense and will be tailored to address only health concerns that may affect my ability to perform the essential functions of my job. I hereby authorize all such healthcare providers to furnish the results of such examinations to Ohio Star Forge Co.
- I understand that, if I am employed by Ohio Star Forge Co. and as conditions of my continued employment by Ohio Star Forge Co., I will be required to furnish proof of age and U.S. citizenship (or legal entry into the U.S., as the case may be), I will be required to execute certain agreements with Ohio Star Forge Co. (including employee agreements regarding inventions, proprietary information and conflicts of interest) and I may be required at the option of Ohio Star Forge Co. to obtain through Ohio Star Forge Co. and at its expense, a U.S. security clearance.

Date _____ Signature _____