

Siffrin, Inc. Employment Support Services Program
2912 Whipple Avenue NW
Canton, Ohio 44708
(330) 478-0263

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

All sections of the application must be completed. Incomplete applications will not be considered.

Date: _____

Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Message Number/Other: _____

Position Applying For: _____

Are you legally able to be employed in the United States? _____

Date you are available to begin work: _____

Days available (check all that apply): Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Hours Available to work: Days: _____ Afternoons: _____ Evenings: _____ Weekends: _____

Hours available: _____

Are you capable of doing the work that is required in this position with or without accommodation? _____ Yes _____ No

If no, please explain: _____

EDUCATION & TRAINING

High School _____ Address _____

Graduated? _____ Yes _____ No

Other _____ Address _____

Major _____ Graduated? _____ Yes _____ No Degree Earned _____

Training, skills, or additional information you feel may be helpful to us in considering your application:

APPLICANT'S STATEMENT

Siffrin, Inc. selects the best matched individual for the job based upon job related qualifications, regardless of race, creed, sex, national origin, age, handicap or other protected groups under federal, state, or local Equal Opportunity Laws.

I certify that answers given herein are true and complete to the best of my knowledge.

I give permission/authorization for an investigation of all statements contained in this application for employment necessary in arriving at an employment decision. This includes providing a set of fingerprint impressions for the required criminal history check for some positions.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless an executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant's Signature _____

Date _____