

Siffrin, Inc.
2912 Whipple Avenue NW
Canton, Ohio 44708
(330) 478-0263 Telephone

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 thoroughly. Incomplete applications will not be considered.

Date _____

Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Message Number/Other _____

Position Applying For: _____ Do you have a Valid OHIO Driver's License? _____

Have you applied here before? _____ If yes, when? _____

Have you worked here before? _____ If yes, when? _____

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

Have you ever been convicted of a misdemeanor or felony? _____

If yes, please explain below. ***Convictions that are inconsistent with Senate Bill 38 or agency policy would prohibit your employment. Please ask if you have questions and/or concerns.***

Please indicate which of the following schedules you would be available to work:

Weekends _____ Yes _____ No _____ Rotating work schedules _____ Yes _____ No _____

Holiday work _____ Yes _____ No _____ Overnight shift _____ Yes _____ No _____

Day shift _____ Yes _____ No _____ Afternoon shift _____ Yes _____ No _____

Are you available to work Full-Time _____ Part-Time _____ Substitute/Relief _____

Date you are available to begin work _____ Salary desired _____

Days available: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Hours available: _____

EMPLOYMENT HISTORY

Start with your present or most recent job. Include any job related military service assignments and volunteer activities. References are checked, so please provide complete information for all companies listed.

Company _____ Job Title _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Supervisor _____

Dates Employed _____ to _____ Wages: Start \$ _____ End \$ _____

Full-Time _____ Part-Time _____ Reason for leaving _____

Job Duties _____

Company _____ Job Title _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Supervisor _____

Dates Employed _____ to _____ Wages: Start \$ _____ End \$ _____

Full-Time _____ Part-Time _____ Reason for leaving _____

Job Duties _____

Company _____ Job Title _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Supervisor _____

Dates Employed _____ to _____ Wages: Start \$ _____ End \$ _____

Full-Time _____ Part-Time _____ Reason for leaving _____

Job Duties _____

Company _____ Job Title _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Supervisor _____

Dates Employed _____ to _____ Wages: Start \$ _____ End \$ _____

Full-Time _____ Part-Time _____ Reason for leaving _____

Job Duties _____

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.

A satisfactory two-step tuberculin test, criminal background check, driving record report, and urine drug screen will be required **PRIOR** to employment. 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.

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 _____