

| Office Use Only: | | |
|------------------|-------------|--|
| Hire Date: | Start Date: | |
| Hourly Wage: | - | |

7500 Industrial Parkway Plain City, Ohio 43064 Phone: 614-889-2533

Application for Employment

| Position(s) Applied For: | Date of Application: | | | |
|---|----------------------|--|--|--|
| How did you learn about us? Advertisement Employment Agency Friend Relative Walk-In | n Other: | | | |
| PERSONAL INFORMATION | | | | |
| Name: First Name Middle Name Last Name | | | | |
| Address: | | | | |
| Number Street Name City State | Zip Code | | | |
| Phone Number: Social Security Number: Circle One: Cell Phone Home Phone | | | | |
| Email Address: | | | | |
| DRIVER/LICENSE INFORMATION | | | | |
| Do you have a valid driver's license? YES NO If YES: | | | | |
| License Number | State Issued | | | |
| Has your driver's license ever been suspended or revoked? | LYES NO | | | |
| If YES, please explain: | | | | |
| Can you drive a company vehicle? | | | | |
| Have you been cited for any moving violations in the past two years? | | | | |
| If YES, please explain: | | | | |
| Have you had any accidents in the past two years? | | | | |
| If YES, please explain: | | | | |
| CURRENT EMPLOYMENT STATUS | | | | |
| On what date would you be available for work?Can you travel, if a job re | quires it? YES NO | | | |
| Are you available to work: Full Time Part Time Temporary Summer Temporary | | | | |
| If you are under 18 years of age, can you provide required proof of your elitibility to work? | | | | |
| Are you currently employed? | employer? YES NO | | | |
| Are you currently on "lay-off" status and subject to recall? | | | | |
| Are you prevented from lawfully becoming employeed in this country due to Visa or Immigration status? YES NO Proof of citizenship or immigration status will be required upon employment. | | | | |
| Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment) | | | | |
| If YES, please explain: | | | | |
| Have you ever filed an application with us before? YES NO If YES, give date: | | | | |
| Have you ever been employed with us before? TES NO If YES, give date: | | | | |
| Have you ever been discharged or asked to resign by an employer? | | | | |
| If YES, please explain: | | | | |

| EDUCATION AND TRAINING | | | | |
|--|---|--|--|--|
| What is the highest level of education you | have completed? | | | |
| Elementary School High School | School Undergraduate College Graduate/Professional Other | | | |
| In regards to the highest level of education | | | | |
| Name of School & Address | Course of Study Numb | Course of Study Number of Years Complete Type of Degree or Diploma | | |
| | | | | |
| | | | | |
| Describe any specialized training, academic | c studies, apprenticeship, skills | s and extra-curricular activities. | | |
| | | | | |
| | | | | |
| Describe any job-related training received | in the United States Military. | | | |
| | | | | |
| EMPLOYMENT EXPERIENCE Start w | ith your present or most recent in | ob. Include any job-related military service assignments. | | |
| Employer Start w | Dates Employed | Work Performed | | |
| | From: To: | Work cromed | | |
| Address | | | | |
| Address: | Havely Date (Calamy | | | |
| Telephone Number: | Hourly Rate/Salary Starting: Final: | | | |
| Job Title: Supervisor: | | Reason for Leaving | | |
| | | | | |
| Employer | Dates Employed | Work Performed | | |
| | From: To: | | | |
| Address: | | | | |
| | Hourly Rate/Salary | | | |
| Telephone Number: | Starting: Final: | | | |
| Job Title: Supervisor: | | Reason for Leaving | | |
| | | | | |
| REFERENCES | | | | |
| Name: | Phone Number | Relationship to Applicant | | |
| Name: | Thore Number | relationship to Applicant | | |
| | Phone Number | Relationship to Applicant | | |
| CERTIFICATION | | | | |
| I certify that the information provided on this applica- basis for rejection of my application, or if employmen | | stand that providing false or misleading information will be the n. | | |
| | · | ny employment. I authorize my former employers and | | |
| · · · · · · · · · · · · · · · · · · · | nicate information regarding my previo | ous employment, attendance, and work. I authorize those | | |
| organization by its President or Vice President, the en nature, and either I or my employer will be able to ten have the full and complete discretion to end the emp that right. Moreover, no agent, representative, or em | mployment relationship will be "at-wil rminate the employment relationship ployment relationship when I choose a nployee of BuilderScape, Inc./Builder S | vritten contract of employment signed on behalf of the II." In other words, the relationship will be entirely voluntary in at any time and without cause. With appropriate notice, I will and for reasons of my choice. Similarly, my employer will have Staff Group, except in a specific written contract of employment ter or vary the voluntary nature of the employment relationship. | | |
| I HAVE CAREFULLY READ THE ABOVE CERTIFICATION | AND I UNDERSTAND AND AGREE TO | ITS TERMS. | | |
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Applicant signature Date

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