



33490 Pin Oak Parkway  
Avon Lake Ohio 44012

APPLICATION FOR EMPLOYMENT

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental disability, or veteran status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: \_\_\_\_\_

**PERSONAL INFORMATION:**

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First Name	Middle Initial	Last Name
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***CURRENT ADDRESS:***

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Street and Apt#	City	State	Zip Code
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Telephone	Email
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I am a U.S. or otherwise authorized to work in the United States on an unrestricted basis:

Yes                       No

If applicable please list your Visa type, Visa #, and expiration date:

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Have you been convicted of a felony in the past seven years (you are not obligated to disclose sealed or expunged criminal records)?  Yes     No

If you answered yes please explain:

**EMPLOYMENT HISTORY:** Attach a resume if available.

***Present or most recent employer***

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_

Name

Title

May we contact?  Yes  No

Reasons for Leaving:

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***Prior employer:***

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_

Name

Title

May we contact?  Yes  No

Reasons for Leaving:

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***Prior employer:***

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_  
Name Title

May we contact? \_\_\_ Yes \_\_\_ No

Reasons for Leaving:  
\_\_\_\_\_

**EDUCATION:**

***High School:***

\_\_\_\_\_  
Name and Address

Did you graduate? \_\_\_ Yes \_\_\_ No

If no, did you receive your GED? \_\_\_ Yes \_\_\_ No

Special Honors or Awards:  
\_\_\_\_\_

***Technical or Vocational School:***

\_\_\_\_\_  
Name and Address

Did you graduate? \_\_\_ Yes \_\_\_ No

Degree or Certification: Specialty:  
\_\_\_\_\_

Special Honors or Awards:  
\_\_\_\_\_

***College or University:***

\_\_\_\_\_  
Name and Address

Did you graduate? \_\_\_ Yes \_\_\_ No

Degree: Major:  
\_\_\_\_\_

Special Honors or Awards:  
\_\_\_\_\_

***College or University:***

\_\_\_\_\_  
Name and Address

Did you graduate? \_\_\_ Yes \_\_\_ No

Degree:

Major:

Special Honors or Awards:

**POSITION INFORMATION:**

*Position Specifications*

Position applying for:

How did you hear about this job?

What hours (shift) are you willing to work?

Would you be able to work weekends? \_\_\_ Yes \_\_\_ No

When would you be able to start?

Desired salary: \_\_\_\_\_ per

***Skills***

Please describe any skills you have in the following areas:

Computer:

Languages Spoken (other than English):

Other:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore, I understand that if I am hired, employment with this company is “at will”, which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

I agree, as a condition of employment with Thogus Products, to abide by all the rules and regulations of the company relating to health and safety that are now in force or may be put in force. I agree to submit to a periodical physical examination as part of said rules and regulations as necessary.

I agree to submit to a medical examination, including drug test if requested. A drug test will be required for any alleged in-plant injuries requiring professional care.

I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish to Thogus Products, any medical information with reference to me. I understand that this consent to release medical records is revocable in writing, by me at any time.

I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by Thogus Products would be contingent upon my ability to produce the required documentation within the time period required by law.

I understand that this application is not and is not intended to be, a contract for employment and that any resulting employment relationship is for no fixed period of time, and is terminable at any time and for any reason by Thogus Products or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other Thogus Products material do not create any guarantee of employment and that Thogus Products has the right to modify, amend, or terminate policies, practices, benefit plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Thogus Products other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that to be binding upon the company, such agreement must be in writing.

I understand that as a new employee, I will be in a training period for the first ninety days.

Signature:

Date:

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