For Office Use Only
D.O.H.
Badge No.
Telephone Number
Social Security Number
Name: Last First Middle

EMPLOYEE APPLICATION

Bookmasters

30 Amberwood Pkwy.
Ashland, OH 44805
(419) 281-5100

IMPORTANT - COMPLETE INFORMATION ALONG LEFT EDGE OF APPLICATION

Present Address	Street	City	State	Zip Code	Lived Here How Long?

Last Previous Address	Street	City	State	Zip Code	Lived There How Long?

Type of Work Desired? ☐ Full Time ☐ Part Time

Date Available To Work?

Referred to Bookmasters by?

Starting Wage Desired?
_____._____ Per Hour
Or, _____._____ Per Week
Or, _____._____ Per Month

Can You Work Any Shift?

Shift Preference ☐ 1st ☐ 2nd ☐ 3rd ☐ Any

Have You Ever Been Interviewed By Or Worked For Bookmasters Before? ☐ YES - If So, When ☐ NO

Do You Have A Valid Driver's License?
State:

Are You On A Layoff And Subject To Recall?

Can You Travel If A Job Requires It?

List Relatives Employed By Bookmasters

List Your Friends Who Work For Bookmasters

Were You In The U.S. Armed Forces? ☐ YES - If Yes, Name Branch ☐ NO

Dates of Duty?

Rank at Discharge?

List Duties and Special Training While in U.S. Armed Forces:

Have You Ever Been Convicted of a Felony? ☐ YES - If Yes, For What Offense? Give Date, Place and Disposition ☐ NO

Do You Have U.S. Citizenship or Authorization to Work in the U.S.? ☐ YES ☐ NO

Are You Over Age 18? ☐ NO - If No, Hire is Subject To Verification ☐ YES - That You Are Of Legal Minimum Age

EDUCATION AND TRAINING

	Name and Location	Check Last Year Completed				Did You Graduate?	List Degree or Diploma	Course of Study or Major	Class Rank
		1	2	3	4				
HIGH SCHOOL									
COLLEGE	Name and Location								
OTHER	List Graduate School, Apprentice Programs Special Training and Service Programs								
SPECIAL SKILLS	List Machinery You Can Operate:								
OFFICE SKILLS:	List Skills: Typing Speeds, Shorthand, Office Equipment:								
SPECIAL LICENSES	List Any Special Licenses That You Hold: Year Issued and Expiration Dates:								

USE THIS SPACE FOR ANY ADDITIONAL COMMENTS OR INFORMATION ABOUT YOUR EDUCATION AND TRAINING

EMPLOYMENT RECORD – Begin with current or most recent employer, including Military Service.

1. COMPANY NAME	From DATES EMPLOYED To Mo. Yr. Mo. Yr. / - /	SALARY PER WK. Start Last $ $	Name & title of your supervisor
ADDRESS	DESCRIBE THE WORK YOU DID		
PHONE			
POSITION TITLE			
REASON FOR LEAVING CHECK ONE Quit ☐ Layoff ☐ Discharged ☐	EXPLANATION		

2. COMPANY NAME	From DATES EMPLOYED To Mo. Yr. Mo. Yr. / - /	SALARY PER WK. Start Last $ $	Name & title of your supervisor
ADDRESS	DESCRIBE THE WORK YOU DID		
PHONE			
POSITION TITLE			
REASON FOR LEAVING CHECK ONE Quit ☐ Layoff ☐ Discharged ☐	EXPLANATION		

3. COMPANY NAME	From DATES EMPLOYED To Mo. Yr. Mo. Yr. / - /	SALARY PER WK. Start Last $ $	Name & title of your supervisor
ADDRESS	DESCRIBE THE WORK YOU DID		
PHONE			
POSITION TITLE			
REASON FOR LEAVING CHECK ONE Quit ☐ Layoff ☐ Discharged ☐	EXPLANATION		

4. COMPANY NAME	From DATES EMPLOYED To Mo. Yr. Mo. Yr. / - /	SALARY PER WK. Start Last $ $	Name & title of your supervisor
ADDRESS	DESCRIBE THE WORK YOU DID		
PHONE			
POSITION TITLE			
REASON FOR LEAVING CHECK ONE Quit ☐ Layoff ☐ Discharged ☐	EXPLANATION		

5. COMPANY NAME	From DATES EMPLOYED To Mo. Yr. Mo. Yr. / - /	SALARY PER WK. Start Last $ $	Name & title of your supervisor
ADDRESS	DESCRIBE THE WORK YOU DID		
PHONE			
POSITION TITLE			
REASON FOR LEAVING CHECK ONE Quit ☐ Layoff ☐ Discharged ☐	EXPLANATION		

USE THIS SPACE FOR ADDITIONAL COMMENTS ABOUT YOUR EMPLOYMENT RECORD

PERSONAL REFERENCES: (NAMES OF PERSONS - NOT RELATIVES - WHO CAN PROVIDE PROFESSIONAL AND/OR CHARACTER REFERENCES)

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

IN CASE OF EMERGENCY THE FOLLOWING PERSONS SHOULD BE NOTIFIED: TWO (2) REQUIRED	RELATIONSHIP	PHONE
Name and address (1)		
(2)		

Bookmasters
Equal Opportunity Employer

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO AGE, DISABILITY, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, MILITARY STATUS, or CITIZENSHIP

NAME OF PERSON COMPLETING THIS FORM; IF OTHER THAN APPLICANT:

_____

ACKNOWLEDGMENT

I certify that the information contained in this application is complete and accurate. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answer, or omission made by me in this application for employment. I authorize all schools, former employers, references, and others who have information about me, to provide such information to the company and I hereby release all parties from any liability for any damage that may result from providing such information.

I understand that any offer of employment is contingent upon my satisfactorily passing a drug/alcohol screening test. I further understand and agree that any offer of employment is contingent upon my satisfactorily passing a medical examination. Should an offer of employment be extended to me, or should I begin employment, prior to the results of a medical examination, my employment may be subject to termination based upon the results of such examination.

I agree to conform to the rules, regulations, policies and procedures of the company and understand and agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, by either the company or myself. I understand that no manager, assistant manager, or other representative of the company has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

The use of this blank does not indicate there are positions open and does not in any way obligate the Company.

SIGNATURE OF APPLICANT _____ DATE _____
Month Day Year