

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if you need. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?
COMPANY NAME	CITY	STATE	PHONE	
FROM TO DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	FAX	
JOB DUTIES				
SALARY	PER (HR/WK/MONTH)	REASON FOR LEAVING		

SECOND MOST RECENT EMPLOYER				
COMPANY NAME	CITY	STATE	PHONE	
FROM TO DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	FAX	
JOB DUTIES				
SALARY	PER (HR/WK/MONTH)	REASON FOR LEAVING		

THIRD MOST RECENT EMPLOYER				
COMPANY NAME	CITY	STATE	PHONE	
FROM TO DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	FAX	
JOB DUTIES				
SALARY	PER (HR/WK/MONTH)	REASON FOR LEAVING		

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than above, please enter that name: _____

NAME	CITY/STATE	GRADUATE?	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

CERTIFICATION AND RELEASE

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Berk Enterprises, Inc to verify their accuracy and to obtain reference information on my work performance. I hereby release the company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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EMPLOYMENT APPLICATION



1554 Thomas Road Southeast
P.O. Box 2187
Warren, Ohio 44484
Phone: 330.369. 1192 | Fax: 330.369. 6279

APPLICANT INSTRUCTIONS

If you need help filling out this application for or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
6. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

HOME PHONE: _____ CELL PHONE: _____

CURRENT ADDRESS: _____
STREET
CITY STATE ZIP

PRIOR ADDRESS: _____
STREET
CITY STATE ZIP

APPLICANT NOTE

This application form is intended for us in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applications will receive consideration without discriminating because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

For which position are you applying? _____

What date can you start? _____ What category would you prefer: Full-time Part-time Temporary Labor Pool

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Other _____

JOB-RELATED SKILLS

- Yes No If the job requires, do you have the appropriate valid drivers license?
Name on license: _____ DL# _____ Type: _____
- Yes No Have you had any moving violations? Please describe. _____
Please list any skills, licenses, or certificates that may be job-related or that you feel would be of value to this job or company. _____
- Yes No Have you been given a job description or had the requirements of this job explained to you?
 Yes No Do you understand these requirements?
 Yes No Can you perform the requirements of the job with or without reasonable accommodation?
List languages in which you are fluent. _____

SECURITY

- Yes No Have you used any names other than given above? If so, please list in comments, below.
 Yes No Have you been convicted of, or served time for a felony in the past seven years? If so, please describe in the boxes below.
(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT

CITY/STATE

CHARGE

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

COMMENTS
