



2360 Wood Ave. Columbus, Oh. 43221
Phone # (614) 488-2006 Fax # (614) 486-4113

Personal Information

Date _____/_____/_____

Name(Last name first) Social Security No#

Address City State Zip code

Phone# Referred by?

Employment Desired

Position Date you can start Salary desired

Are you employed? Yes / No If yes can we contact your present employer Yes / No

Ever applied to this company before Yes / No If yes, When _____

Education History

Grammar School- Name & Where? Years there? Did you graduate?

High School- Name & Where? Years there? Did you graduate?

College- Name & Where? Years there? Did you graduate?

Trade, Business, Correspondence- Name & Where? Years there? Did you graduate?

General Information- Subjects of special study, research, work, or special training/skills

Military or Naval service? Rank

Current & Former Employers – (List below last four employers, starting with last first).

Date worked Month/Year? Name & Phone? Salary? Position? Reason for leaving?

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References

Name? Phone# Business? Years known?

Name? Phone# Business? Years known?

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____ Signature: _____

Interviewed by: _____ Date: _____

Do not write below this line

Neatness: _____ Character: _____

Personality: _____ Ability: _____

Hired: _____ Position: _____ Start date: _____



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Applicants' name: _____ Phone: _____

I give Camcar Inc. permission to obtain information of previous employment.

Signature: _____ Date: _____

Employed from: _____ To: _____

Position/Title: _____ Part time

Full time

Below to be filled out by previous employer.

Salary: _____ Weekly Bi-Weekly

If not presently employed by you, indicate manner of leaving your employment (Check one).

- Resigned voluntarily (State reason) _____
- Requested to resign (State reason) _____
- Discharged (State reason) _____
- Laid off/Other (State reason) _____

Employee performance:

NOTE: If your company utilizes a formal employee rating system, please attach a copy of this applicant's most recent performance evaluation. If not please complete the below questionnaire. Please use a 1-5 rating with 5 being the highest

Quality of work _____ Cooperation _____ Dependability _____

Quantity of work _____ Judgment _____ Initiative _____

Problems with absenteeism? _____ Average annual absences: _____

Problems with tardiness? _____ Average annual tardiness: _____

Ability to follow orders: _____ Personality: _____

Name _____ Type of business _____ Phone _____

Title/Position _____ Signature _____ Date _____