



APPLICATION FOR EMPLOYMENT

P.O. Box 239, Put-in-Bay, OH 43456
(419) 285-2421 or (800) 500-2421
mblinfo@millerferry.com

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security# \_\_\_\_\_

Have you ever been employed here before?.....YES \_\_\_\_\_ NO \_\_\_\_\_

Are you legally eligible for employment in this country?.....YES \_\_\_\_\_ NO \_\_\_\_\_

Date available for work..... \_\_\_\_\_

Type of employment desired.....Fulltime \_\_\_\_\_ Partime \_\_\_\_\_

Are you able to meet the attendance requirements of the position?.....YES \_\_\_\_\_ NO \_\_\_\_\_

Have you been convicted of a crime in the last seven (7) years?.....YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_
CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED.

Driver's license number State issued and Date of Birth \_\_\_\_\_
(license will be checked for eligibility to drive our vehicles)

EMPLOYMENT HISTORY

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

Date of Employment.....From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Summarize the work performed and job responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Date of Employment.....From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Summarize the work performed and job responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Date of Employment.....From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Summarize the work performed and job responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Date of Employment.....From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Summarize the work performed and job responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize any training, skills, licenses, and/or certifications that may qualify you as being able to perform job-related functions in the positions for which you are applying \_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School Name and location \_\_\_\_\_

Years completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Course of Study \_\_\_\_\_

College Name and location \_\_\_\_\_

Years completed \_\_\_\_\_ Major/Degree \_\_\_\_\_

Other \_\_\_\_\_

**REFERENCES**

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Years Known \_\_\_\_\_

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered.

I give the Employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations from furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by and authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_