



Flat Lands Supply
Employment Application

flatlandssupply.com

1220 E Jackson St
Van Wert, OH 45891

Tel: 419.238.1233

Fax: 419.238.1317

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Rev 07/2017

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE
PLEASE COMPLETE PAGES 1-5. ATTACH RESUME, IF DESIRED.**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.
We are an equal opportunity employer.

Date	How did you learn about us?	Are you eligible to work in the United States?
Full Name (Last, First, Middle, Maiden)		
Present Address (Street Address, City, State, ZIP)		How long at this address?
Phone #	Cell Phone #	E-Mail Address
If under 18, list age	If under 18, do you have an employment/age certificate?	

Emergency Contact	Name	Relationship	Phone #
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Position Applied for	Salary Desired
Employment desired ___ Full-Time ___ Part-Time	On what date would you be available to begin work?
How many hours can you work weekly?	Can you work evenings, if needed?
Hours per day available to work Mon ____ Tue ____ Wed ____ Thu ____ Fri ____ Sat ____ Sun ____	
Can you travel, if needed, for work purposes?	

Criminal History	Have you ever been convicted of a serious crime? (Beyond minor traffic violations)
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.	

Current Employment	Are you currently employed?	May we contact your present employer?
Are you currently on "lay-off" status and subject to recall?		

Pre-Employment Testing	Are you willing to submit to pre-employment reading/math aptitude testing?
Are you willing to submit to medical examination and/or drug testing as a condition of hiring and/or continued employment?	



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Driving	Do you have a valid driver's license?		___ Operator	___ Commercial (CDL)
What is your means of transportation to work?				
Driver's license #		State of issue		Expiration date
How many motor vehicle accidents have you had in the past 3 years?		How many moving violations have you had in the past 3 years?		

Education	Name & Address of School	Course of Study	# of Years Completed	Major & Degree	Graduation Date
High School					
College					
Business/Trade School					
Other (Specify)					

References	Please list 2 references other than relatives or previous employers	
Name	Name	
Relationship to you	Relationship to you	
Position/Company	Position/Company	
Address	Address	
Phone #	Phone #	

Military Service	Have you ever been a member of the Armed Forces?	
Specialty	Date Entered	
Describe any job-related skills acquired while in the military	Discharge Date	

Physical Abilities	Are you able to lift boxes or items up to 50 pounds?	
Are you able to reach, stretch, bend, kneel, and squat?	Are you able to climb a ladder?	
If no, please explain		

Availability to Work	Do you have any upcoming events that would require extensive time away from work?	
If yes, please describe		



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Employment History Work Experience	<p>Please list your work experience for up to your last 5 employers, beginning with your most recent job held. If you were self-employed, give firm name.</p> <p style="text-align: center;">Attach additional sheets if necessary.</p>
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Name of employer	Name of last supervisor		
Street Address	Employment Dates	From Date	To Date
City, State, Zip	Pay or Salary	Start \$	Final \$
Phone #	Reason for leaving (be specific)		
Your last job title			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company.			

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Office Machine & Technical Skills	<input type="checkbox"/> Typing <input type="checkbox"/> Data Entry <input type="checkbox"/> 10-Key Adding Machine <input type="checkbox"/> Copier/Fax <input type="checkbox"/> Multi-Line Telephone System/Intercom <input type="checkbox"/> Printer
Do you use a personal computer (PC)?	Rate your PC proficiency
How often? Purpose?	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Expert
PC applications of which you have a good working knowledge	PC applications of which you have used, but are not proficient

ELECTRICAL Knowledge/Training/ Experience/Certifications	PLUMBING Knowledge/Training/ Experience/Certifications	CUSTOMER SERVICE/SALES Training/Experience



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Organizations & Extracurricular Activities	Optional: Please list any in which you are involved

Strength/Asset	What major strength or asset would you bring to Flat Lands Supply?

Optional	Please summarize any additional information you would like to include about yourself, your qualifications, or your training that is not covered elsewhere in this application.

Interview	Please note when you are available or not available for an interview.	
Available		Not Available

Certification	Please read the following. If you agree with the statements, sign and date below.	
<ul style="list-style-type: none"> I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed on this application. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. 		
<i>Signature</i>		<i>Date</i>

FOR OFFICE USE ONLY			
	Contacted	First Interview	Second Interview
Date/Time			