

Employment Application



Date:

Name:

Address:

State/Province:

Zip/Postal Code:

SS Number:

Phone:

First Systems, Inc.
1295 S. Clay St.
Troy, OH
USA
45373
Phone: (937) 875-2988
Fax: (937) 339-8800
www.firstsystems.biz

Are you a US citizen?

If no, do you have work papers?

Do you voluntarily identify yourself as a veteran for reporting purposes?

Days Available to Work (check all that apply):

Mon Tues Wed Thurs Fri Sat Sun

When can you begin?

What hours/shifts are you available to work?

Are you willing to travel?

Do you have any physical limitations? If yes, please describe them below. Your answer to this question will not prevent you from being considered for employment with First Systems, Inc.

Education

| Type of School | Name of School and city | No. Years Completed | Major or Degree |
|------------------------------|-------------------------|---------------------|-----------------|
| High School | | | |
| College Bus. or Trade School | | | |
| Professional School | | | |
| Other | | | |

Have you ever been convicted of a crime? yes no

If yes, please explain

Do you have a driver's license? yes no

State of issue:

Have you had any accidents in the past 3 years? yes no

How many?

Do you have any moving violations in the past 3 years? yes no

How many?

Continue on the next page

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Please list 2 references other than relatives and previous employers

| | | |
|---------|--|--|
| Name | | |
| Address | | |
| Phone | | |

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

How did you hear about us or who referred you to us?

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

By typing your name below and dating this application you are certifying that you agree with the above statement.

Full Name:

Date:

Submit Form