

**APPLICATION FOR EMPLOYMENT**  
[PRE-EMPLOYMENT QUESTIONNAIRE]



Bolivar, Ohio

**AN EQUAL OPPORTUNITY EMPLOYER**

**ATTENTION JOB APPLICANTS.** Because of the nature and the work context of the operations of Eleet Cryogenics, be advised that all candidates for employment may be required to undergo a criminal background check, drug testing and in some cases, a basic medical exam before the final offer of employment.

**PLEASE PRINT ALL INFORMATION**

Date of Application: \_\_\_\_\_ Social security number: \_\_\_\_\_

Name: \_\_\_\_\_  
First MI Last

Present Address: \_\_\_\_\_  
City State Zip Code

Previous Address: \_\_\_\_\_  
(If Present Address has changed within the last three years) City State Zip Code

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Are you under the age of 18 years?  YES  NO

<b>POSITION INFORMATION</b>		Desired Position	Date you can start
Required Salary	What shifts can you work? <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third		Are you available for over-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO
If the job requires, do you have a valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO		DL NO. _____	STATE: _____
Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever applied to this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when (Month and Year)			
Who referred you to complete this application? (Provide full name or Agency name)			
Are you legally eligible for employment in the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO (Verification will be required by completing an I-9 Form)			
Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , state offense the dates (Month/Year) and locations (City/State)			
Nature of offense:		When:	Where:
Nature of offense:		When:	Where:

**EDUCATION** Please list any education or training you believe may help in the position for which you are applying. This can include vocational/technical training, military, college course work, and/or certifications obtained from former employers. Educational background will be evaluated for the specific position the applicant is applying.

	Name of School, City & State	Grade Level Completed/ Degree	Course of Study
High School			
Vocational School Technical School			
University/ College			

List any special skills, training, and/or certifications you may have.

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<b>WORK EXPERIENCE</b> List most recent or <u>present</u> employer first; include any military experience		
COMPANY NAME	JOB TITLE	PERIOD OF EMPLOYMENT FROM _____ MONTH _____ YEAR
ADDRESS	CITY STATE ZIP	TO: _____ MONTH _____ YEAR
SUPERVISOR'S NAME	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER ( )
REASON FOR LEAVING		
BRIEF JOB DESCRIPTION (JOB DUTIES)		
SALARY/WAGES (PROVIDE HOURLY RATE OR SALARY PER WEEK/MONTH)		

COMPANY NAME	JOB TITLE	PERIOD OF EMPLOYMENT FROM _____ MONTH _____ YEAR
ADDRESS	CITY STATE ZIP	TO: _____ MONTH _____ YEAR
SUPERVISOR'S NAME	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER ( )
REASON FOR LEAVING		
BRIEF JOB DESCRIPTION (JOB DUTIES)		
SALARY/WAGES (PROVIDE HOURLY RATE OR SALARY PER WEEK/MONTH)		

COMPANY NAME	JOB TITLE	PERIOD OF EMPLOYMENT FROM _____ MONTH _____ YEAR
ADDRESS	CITY STATE ZIP	TO: _____ MONTH _____ YEAR
SUPERVISOR'S NAME	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER ( )
REASON FOR LEAVING		
BRIEF JOB DESCRIPTION (JOB DUTIES)		
SALARY/WAGES (PROVIDE HOURLY RATE OR SALARY PER WEEK/MONTH)		

COMPANY NAME	JOB TITLE	PERIOD OF EMPLOYMENT FROM _____ MONTH _____ YEAR
ADDRESS	CITY STATE ZIP	TO: _____ MONTH _____ YEAR
SUPERVISOR'S NAME	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER ( )
REASON FOR LEAVING		
BRIEF JOB DESCRIPTION (JOB DUTIES)		
SALARY/WAGES (PROVIDE HOURLY RATE OR SALARY PER WEEK/MONTH)		

PLEASE COMPLETE THE NEXT PAGE

**REFERENCES List three references, other than relatives, who know your work history**

NAME		Address	
How do you know this person			
JOB TITLE			
COMPANY		CITY & STATE	
PHONE NUMBER (List alternate phone number if available)			

NAME		Address	
How do you know this person			
JOB TITLE			
COMPANY		CITY & STATE	
PHONE NUMBER (List alternate phone number if available)			

NAME		Address	
How do you know this person			
JOB TITLE			
COMPANY		CITY & STATE	
PHONE NUMBER (List alternate phone number if available)			

**Certification and Release**

All qualified applicants will receive consideration without discrimination based on gender (male/female), marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, veterans' status, ancestry, religion, height, weight, disability, or any other legally protected status.

I understand that consideration for employment may depend upon the results of a criminal background check and present/previous employment checks, and reference check. I, therefore, authorize Eleet Cryogenics to thoroughly investigate my background, references, work history, education, and other matters related to my suitability for employment and further authorize the references listed to disclose to Eleet Cryogenics any and all letters, faxes, reports, and other information related to my work records, without giving me prior notice of such disclosure.

I understand Eleet Cryogenics is committed to an alcohol/drug free workplace and, as permitted by law, I am required to take a drug test as part of the selection and hiring process and also understand that random drug testing will be conducted during my employment.

I understand that nothing in this application is intended to imply or create employment relationship or contract for employment. I understand that if I am hired my employment will be "at will" for no definite period of time. I understand that I have the right to terminate my employment at anytime and for any reason with or without notice, and that Eleet Cryogenics, has the same right.

By signing below, I certify that the information included on this application is true and correct to the best of my knowledge. I understand that any false statements on the application or during the interview process and/or missing information may disqualify me from employment or justify my dismissal if employed.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**RELEASE AUTHORIZATION**  
**Applicant Complete the Following**

1. In connection with my application for employment, I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers' compensation injuries, driving record, court record, education, credentials, credit and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws
3. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Ohio Department of Labor.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Eleet Cryogenics or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not to be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of requests for or release of any of the above mentioned information or reports.

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Please print your full name

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Please print other names you have used

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Home Address

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City State Zip Code

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Social Security Number

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Date of Birth

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Driver's License Number State Issuing License

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Name as it appears on license

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Signature Today's Date

**Please submit in person to:**

Andrew Reeves



11132 Industrial Parkway NW  
Bolivar, OH 44612

**Email to:**

areeves@eleetcryogenics.com

**Or Fax to:**

(330) 874-4370