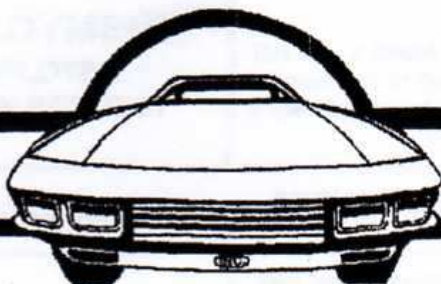


APPLICATION FOR  
MEDICAL OFFER

**BLUE ASH**



**AUTO BODY**

**11110 Lushek Dr. Cincinnati, OH 45241 Phone: 513-489-0313**

## EMPLOYMENT APPLICATION FORM

DEAR APPLICANT:

PLEASE READ THIS PAGE AND ALL SUCCEEDING PAGES CAREFULLY BEFORE YOU BEGIN TO FILL OUT THE APPLICATION FORM FOR EMPLOYMENT. YOUR FAILURE TO DO SO MAY LESSEN YOUR CHANCES OF PROPERLY UNDERSTANDING OUR HIRING POLICIES AND THE APPLICATION FORM ITSELF.

### DECLARATION

BE IT KNOWN AND RECOGNIZED, THAT ON THE DATE OF THE WRITING OF THIS POLICY OF COMPLIANCE, THE CORPORATION IS EXEMPTED FROM MANY SECTIONS OF THE HEREIN REFERENCED LAWS AND REGULATIONS ON THE BASIS OF THE NUMBER OF INDIVIDUALS IN ITS EMPLOY. The job description that you will be offered in PHASE 2, has been developed in accordance with PUBLIC LAW 101-336 generally known as the AMERICAN DISABILITIES ACT of 1990 hereinafter referred to as ADA, this act is congruent in its actions with the CIVIL RIGHTS ACT of 1964 (as amended) and the CONTROLLED SUBSTANCES ACT, and where applicable the DRUG FREE WORKPLACE ACT of 1988.

### PHASE 1

We normally accept applications for employment even though we do not currently have any vacant job opportunities. When we do have employment opportunities we still take the time to interview as many candidates as possible for any existing or forthcoming vacancy. It is therefore advantageous for any applicant to complete all the forms as accurately as possible. Applications are then placed on file pending the scheduling of an interview with the applicant(s) whose application is selected.

### PHASE 2

Once an applicant or applicants are selected, we then notify them by phone at the number indicated on their application and schedule and interview, at which time the applicant will be given a detailed written job description, which will form the basis of the interview. If the phone number on the application is still valid we will make a reasonable attempt to contact the applicant, if the number is no longer valid the application will be placed in an inactive file. Before the interview is actually conducted the applicant will be requested to complete additional forms.

### PHASE 3

The successful applicant from PHASE 2 will then receive a conditional offer of employment. The applicant may be required to take a physical examination, if the position that is being applied for requires one. If still successful after a required physical examination then the applicant will be further acquainted with company policies. The company reserves the right to verify all statements made by the applicant on all the forms attached to and part of this application. Any false statements of commission or omission shall be just cause for withdrawing the offer of employment or termination of employment if discovered at any later date.

**APPLICATION FOR EMPLOYMENT**  
AN EQUAL OPPORTUNITY EMPLOYER  
PRE-EMPLOYMENT INFORMATION REQUEST

**NOTICE**

This form is invalid as a stand alone document. It must be attached to and become part of the employee job description acknowledgment form, for a specific job and which must also be completed in full by both parties.

**PERSONAL INFORMATION**      DATE \_\_\_\_\_      SOCIAL SECURITY NUMBER \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

PLEASE PRINT CLEARLY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ALTERNATE OR OTHER ADDRESS

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ALTERNATE OR EMERGENCY  
PHONE \_\_\_\_\_

ARE YOU EITHER, A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO  
WORK IN THE UNITED STATES?

(CHECK ONE)

CITIZEN \_\_\_\_\_ ALIEN \_\_\_\_\_ AUTHORIZED yes \_\_\_ no \_\_\_

ARE YOU INSURABLE TO DRIVE VEHICLES IN THE STATE OF  
OHIO? YES \_\_\_ NO \_\_\_ IF NO, EXPLAIN:

DO YOU HAVE A VALID OHIO LICENSE TO DRIVE?  
YES \_\_\_ NO \_\_\_ IF YOU ANSWERED NO EXPLAIN:

**TYPE OF EMPLOYMENT THAT YOU DESIRE?**

POSITION TITLE \_\_\_\_\_ JOB CODE FROM JOB DESCRIPTION SHEET \_\_\_\_\_

HAVE YOU EVER APPLIED FOR EMPLOYMENT AT BLUE ASH AUTO BODY INC. BEFORE? YES \_\_\_ NO \_\_\_ IF YOU ANSWERED YES  
THEN WHEN? \_\_\_\_\_.

ARE YOU PRESENTLY EMPLOYED? YES \_\_\_ NO \_\_\_ IF YOU ARE, MAY WE CONTACT YOUR EMPLOYER?

HAVE YOU WORKED FOR BLUE ASH AUTO BODY INC., BEFORE ? YES \_\_\_ NO \_\_\_ IF YOU ANSWERED YES, THEN WHEN

DATES. FROM \_\_\_\_\_ TO \_\_\_\_\_ AND REASON FOR LEAVING. \_\_\_\_\_

DO YOU HAVE ANY RELATIVES, FRIENDS, OR ACQUAINTANCES WHO WORK AT BLUE ASH AUTO BODY INC.

IF YES, THEN WHICH? \_\_\_\_\_ NAME \_\_\_\_\_

DATE THAT YOU CAN BEGIN WORK IF HIRED? \_\_\_\_\_ SALARY DESIRED \$ \_\_\_\_\_ WK.—MO.—YR.

ARE YOUR SALARY REQUIREMENTS NEGOTIABLE? YES \_\_\_ NO \_\_\_

ARE YOU WILLING TO COMPLETE A CAREER GOALS QUESTIONNAIRE? YES \_\_\_ NO \_\_\_

DO YOU UNDERSTAND AND AGREE THAT YOU MAY BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AS A CONDITION OF BEING  
HIRED OR, IF HIRED THEN AS A CONDITION OF CONTINUED EMPLOYMENT? YES \_\_\_ NO \_\_\_.

HAVE YOU BEEN CONVICTED OF A FELONY OR A MISDEMEANOR WITHIN THE LAST FIVE YEARS? YES \_\_\_ NO \_\_\_ IF YES PLEASE  
EXPLAIN. \_\_\_\_\_

YOU WILL NOT BE DENIED EMPLOYMENT EXCLUSIVELY ON THE BASIS OF A CONVICTION RECORD, UNLESS IT IS RELATED TO THE WORK FOR WHICH YOU HAVE APPLIED.

**EDUCATION**

**NAME AND LOCATION OF SCHOOL OR TRAINING ACTIVITY.** Include all verifiable educational events for which you either have certificates or for which you have other documentation.

**SCHOOL:** NAME \_\_\_\_\_ LOCATION \_\_\_\_\_  
 YEARS ATTENDED \_\_\_\_\_ GRADUATED: YES \_\_\_ NO \_\_\_ SUBJECTS \_\_\_\_\_

**HIGH SCHOOL:** NAME \_\_\_\_\_ LOCATION \_\_\_\_\_  
 YEARS ATTENDED \_\_\_\_\_ GRADUATED: YES \_\_\_ NO \_\_\_ SUBJECTS \_\_\_\_\_

**COLLEGE:** NAME \_\_\_\_\_ LOCATION \_\_\_\_\_  
 YEARS ATTENDED \_\_\_\_\_ GRADUATED: YES \_\_\_ NO \_\_\_ SUBJECTS \_\_\_\_\_

**SPECIAL COURSES**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_ COMPLETED, YES \_\_\_ NO \_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_ COMPLETED, YES \_\_\_ NO \_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_ COMPLETED, YES \_\_\_ NO \_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_ COMPLETED, YES \_\_\_ NO \_\_\_

\* The Age Discrimination in Employment Act of 1967 disallows discriminatory practices on the basis of age, relative to individuals 40 years of age or older.  
 \*\* The Americans with Disabilities Act of 1992, prohibits discrimination with respect to handicapped individuals who are covered under the Act.

**MILITARY AND / OR PUBLIC SERVICE OBLIGATIONS**  
 DESCRIBE STATUS IN ALL CATEGORIES

**FORMER EMPLOYERS** LIST THE LAST THREE EMPLOYERS BEGINNING WITH THE MOST RECENT.

DATES	NAME ADDRESS AND CONTACT	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

**REFERENCES: PLEASE PROVIDE THE NAMES OF AT LEAST 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR. ALL OF THESE REFERENCES WILL BE VERIFIED.**

NAME	ADDRESS	BUSINESS OR PROFESSION	LENGTH OF ACQUAINTANCE

**EMERGENCY NOTIFICATION**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**ALTERNATE**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**IS THERE ANYTHING MORE THAT YOU CAN TELL US ABOUT YOURSELF THAT WOULD HELP US TO MAKE A REALISTIC DECISION?**

DO WE HAVE YOUR PERMISSION TO VERIFY YOUR **CREDIT RATING**? YES \_\_\_ NO \_\_\_

WILL WE NEED TO MAKE PAYROLL DEDUCTIONS ON BEHALF OF A THIRD PARTY? YES \_\_\_ NO \_\_\_

"I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF I AM EMPLOYED THAT ANY INFORMATION THAT PROVES TO BE FALSE OR MISLEADING WILL BE JUST CAUSE FOR THE TERMINATION OF THE EMPLOYMENT RELATIONSHIP.

I ALSO AUTHORIZE THE INVESTIGATION OF ALL THE STATEMENTS MADE HEREIN AND ALSO AUTHORIZE THE REFERENCES INDICATED ABOVE TO PROVIDE YOU WITH ANY AND ALL INFORMATION, CONCERNING MY PREVIOUS EMPLOYMENT, AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE AND HOLD HARMLESS ALL PARTIES FROM ANY LIABILITY OR DAMAGES THAT MAY RESULT FROM THE EXCHANGE OF SUCH INFORMATION.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS NOT FOR ANY SPECIFIED PERIOD OF TIME AND MAY BE TERMINATED AT WILL BY EITHER PARTY, AND WITHOUT NOTICE, REGARDLESS OF THE DATE OF PAYMENT OF WAGES OR SALARY >

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTICE TO INTERVIEWER: GO TO THE COVER PAGE OF THE RELATED JOB DESCRIPTION EVEN IF IT WAS NOT PART OF THIS SESSION AND FILL IN THE LEFT HAND COLUMN.**