

George F. Ackerman Co. PO Box 157 ~ 300 Mill Street

PO Box 157 ~ 300 Mill Street Curtice, OH 43412 419-836-7735 ~ Fax: 419-836-2040 www.ackermantoledo.com

Employment Application

Applicant Information									
Full Name:						Date:			
	Last	First			M.I.				
Address:	Street Address					Apartment/Unit	#		
	City				State	ZIP Code			
Phone:			Email						
Date Availab	ole: Soc	cial Security No.:_			Desire	ed Salary: <u>\$</u>			
Position App	olied for:								
Are you a cit	tizen of the United States?	YES NO	If no, a	are you	authorized to	YES work in the U.S.?	NO		
Have you ev	ver worked for this company	YES NO	If yes,	when?_					
Have you ev	rer been convicted of a felon	yes no							
If yes, explain:									
		Edu	ıcation						
High School	: <u> </u>	Addres	ss:						
From:	To:	Did you graduate	YES e? 🗆	NO	Diploma::				
College:		Addres	ss:						
From:	To:	Did you graduate	YES e? 🔲	NO	Degree:				
Other:		Addres	ss:						
From:	To:	Did you graduate	YES e? 🗌	NO	Degree:				

References									
Please list three professional references.									
Full Name:	Relationship:								
Company:	Phone:								
Address:									
Full Name:	Relationship:								
Company:	Dhono								
Address:									
Full Name:	Relationship:								
Company:	Phono								
Address:									
Previo	us Employment								
Company:									
Address:									
Job Title: Star	ting Salary: Ending Salary: \$\)								
Responsibilities:									
From: To:	Reason for Leaving:								
May we contact your previous supervisor for a reference									
Company:									
Address:	Supervisor:								
Job Title: Star	ting Salary: \$ Ending Salary: \$								
Responsibilities:									
From: To:	Reason for Leaving:								
May we contact your previous supervisor for a reference	YES NO ce?								

Company:				Phone:						
_										
Address:				Supervisor:						
Job Title:	Starting S	Ending Salary:								
Responsibilities	s:									
From:	To:	or Leaving:_								
May we contact	et your previous supervisor for a reference?	YES	NO							
Military Service										
Branch:			From:_		To:					
Rank at Discha	Type of Discharge:									
If other than ho	onorable, explain:									
	Disclaimer a	nd Signa	ture		_					
I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
Signature:		Date:								