



Application for Employment

Mansfield Fieldhouse, LLC

An Equal Opportunity Employer



Position Applying for:	Earnings Desired:\$
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Name:	Home #:
Current Address:	Cell #:
Previous Address:	Email:
<p>Is there anything preventing you from being lawfully employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever worked or attended school under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever applied here before? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been employed here before? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any relatives currently employed here? If yes, please list: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any limitations that would prevent you from performing the duties of the position you are applying for? If yes, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of an offense other than a minor traffic violation? (DUI convictions are Not minor and must be reported.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a sex-related offense? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a drug-related offense? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted for an act of violence, including domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Type of School	Name and Location	Did you Graduate?	Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Junior College/ Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Military or Other			

Employment History #1

Employment History for the last 5 years. Start with the most recent

Employer		Phone #	
Address		Start Date (mo/yr)	
		End Date (mo/yr)	
Supervisor Name Contact #		Starting Pay	
		Ending Pay	
May we contact this person	[] Yes [] No		
Title or Position			
Duties & Responsibilities			
Reason for Leaving			

Employment History #2

Employer		Phone #	
Address		Start Date (mo/yr)	
		End Date (mo/yr)	
Supervisor Name Contact #		Starting Pay	
		Ending Pay	
May we contact this person	[] Yes [] No		
Title or Position			
Duties & Responsibilities			
Reason for Leaving			

Employment History #3

Employer		Phone #	
Address		Start Date (mo/yr)	
		End Date (mo/yr)	
Supervisor Name Contact #		Starting Pay	
		Ending Pay	
May we contact this person	[] Yes [] No		
Title or Position			
Duties & Responsibilities			
Reason for Leaving			

Reference*
Do not include family or household members

Name	Address	Phone Number	Occupation	Years Known

Important. Please read carefully and sign below.

I certify the information contained in the application is true and complete to the best of my knowledge. Any misrepresentation or omissions of any fact in my application can be justification for refusal of employment or if employed ground for termination.

I authorize the company to investigate all statements contained in this application and release all parties from any liability for any damage that may result.

I understand that my employment may be terminated with or without cause or notice, at any time, at the discretion of either the company or myself.

Signature: X _____ Date: _____