



**P.O. Box 603
Celina, Ohio 45822**

Application for Employment

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non job-related condition or handicap

PERSONAL

Date: _____ Social Security Number: _____

Last Name First Name Middle Initial

Street Address

City State Zip Code

Home Phone: _____ Referral Source: Employee _____

e-mail: _____ Advertisement _____

Position Sought: _____ Other _____

Employment History and Work Experience

List all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

Current Employer: _____ (enter "none" if unemployed)

May we contact your current employer prior to employment? Yes _____ No _____

Address: _____

Phone: _____ Dates employed: _____ to _____

Job Title: _____ Supervisor's Name: _____

Beginning salary: _____ per _____ Current salary: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why do you want to leave? _____

Previous Employer: _____

Address: _____

Phone: _____ Dates employed: _____ to _____

Job Title: _____ Supervisor's name: _____

Beginning salary: _____ per _____ Ending salary: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc: _____

Why did you leave? _____

Previous Employer: _____

Address: _____

Phone: _____ Dates employed: _____ to _____

Job Title: _____ Supervisor's name: _____

Beginning salary: _____ per _____ Ending salary: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc: _____

Why did you leave? _____

Previous Employer: _____

Address: _____

Phone: _____ Dates employed: _____ to _____

Job Title: _____ Supervisor's name: _____

Beginning salary: _____ per _____ Ending salary: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc: _____

Why did you leave? _____

EDUCATION AND TRAINING

High school attended: _____ Years Completed: 9 10 11 12

Address: _____

Did you graduate? _____ Did you obtain a GED? _____

Courses pertaining to job applied for: _____

College or Trade School attended: _____ Years Completed: 1 2 3 4

Address: _____

Did you graduate? _____ Degree _____

Courses pertaining to job applied for: _____

Activities, awards, sports, etc.: _____

Graduate School(s) Attended: _____ **Years Completed:** 1 2 3 4

Address: _____

Did you graduate: _____ Degree: _____

Please use the following space to provide any further information regarding training, education, skills, abilities, hobbies, volunteer work, etc. which you possess or have experience that may be helpful in the evaluation of your application:

PERSONAL INFORMATION

Do you have any commitments (i.e., second job, school, etc.) which might interfere with, or adversely affect, your employment should you be selected for the position? Yes ___ No ___
If yes, please explain: _____

Have you ever been convicted of a felony? Yes ___ No ___
If yes, please explain: _____

(The employer will only consider specific crimes related to qualifications for position applied for.)

Do you possess a valid driver's license? Yes ___ No ___

Please list three references who are not related to you that you have known at least one year:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S STATEMENT and AGREEMENT

Please read each of the following paragraphs carefully before signing. Indicate your understanding of, and consent to the content and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer.

1. I understand and accept that, if I am selected for employment, my employment may be contingent upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary.
Initials: _____

2. If employed in an hourly, non-exempt position, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts, overnight shifts, including weekends and holidays and be on call and work mandatory overtime hours. I understand that if I am hired, I am an "at-will" employee and that I have the right to terminate my employment at anytime and for any reason and that MRSI has the same right.
Initials: _____

3. If employed in a salaried, exempt position I understand and accept that I may be required to work whatever hours necessary to perform the job.
Initials: _____

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. I understand that my employment is for no definite period. No one other than an officer of MRSI has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.
Initials: _____

5. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various state agencies, which my employer is under contract with, require that the employer's employees do not have a past record of certain unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background from the Bureau of Criminal Investigation for any criminal or unlawful activity. I understand that if, while I am employed at MRSI, I am convicted of an offense that would have precluded my being employed by MRSI, MRSI will terminate my employment.
Initials: _____

6. _____
I hereby authorize the employers, schools and personal references named in this

application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials: _____

7. I agree that any claim or lawsuit relating to my service with MRSI or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Initials: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN HIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I have read and understand the contents of this employment application and am fully able and competent to complete it.

Applicant's signature

Date