



2310 W St Rt 55
Troy, Ohio 45373
937.335.5550

www.andysgarden.com

522 Ann Street
Piqua, Ohio 45356
937.773.2908

Application for Employment

Date: _____

Personal Information

Name (Last Name First)		Social Security No.	
Present Address	City	State	Zip
Previous Address	City	State	Zip
Phone No.: Home / Cell		Referred By:	

Employment Desired

Position	Date You Can Start	Salary Desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

Education History

	Name/Location of School	Years Attended	Did you graduate?	Subjects studied
High School				
College				
Trade, Business or Correspondence School				

General Information

Subjects of special study / research work
Special Training
U.S. Military or Naval Service

Former Employers (list below last four employers, starting with last one first)

Date Month/Year	Name / Address of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Continue on next page

References

Name	Address	Business	Years Known

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____ Signature: _____

Do Not Write Below This Line

Interviewed by: _____ Date: _____

Remarks

Neatness		Character		
Personality		Ability		
Hired	Dept	Position	Report Date	Salary/Wages

Approved: _____
Name Title Date

Name Title Date