



217 Riley Street
 Celina, Ohio 45822
 (419) 586-1644
 www.mcco.net

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Please note: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

| Name and Address | | | | |
|--|----------------|--|---|----------------|
| Name (First, MI, Last) | | | | |
| Mailing Address | | | | |
| City, State, Zip | | | | |
| Telephone | | | Alternate Phone | |
| Email | | | Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Employment Information | | | | |
| Position applying for | | | Type of employment desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |
| Date you can begin work | | Have you been employed with us before? <input type="checkbox"/> Yes, dates: _____ <input type="checkbox"/> No | | |
| You certify that you are a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States <i>(proof of citizenship or immigration status will be required upon employment)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Were you in the U.S. Armed Services <input type="checkbox"/> Yes, which branch? _____ <input type="checkbox"/> No | | | | |
| Duties: | | | | |
| Education | | | | |
| | Name & Address | Years Completed | Major | Diploma/Degree |
| High School | | | | |
| College/Business/Trade School | | | | |

Education (continued)

| | Name & Address | Years Completed | Major | Diploma/ Degree |
|---------------------------|----------------|-----------------|-------|--------------------|
| Graduate/ Professional | | | | |
| Other (Specify) | | | | |

Work Experience

List present or last employer first. Attach additional sheets if necessary.

| | | | |
|--------------------|--------------------|----------|--|
| Company | Phone Number | | |
| Address | City, State, Zip | | |
| Name of Supervisor | Start Date | End Date | |
| Job Title | Reason for Leaving | | |

List duties performed, skills used or learned, and advancements/promotions

May we contact this employer? Yes No

| | | | |
|--------------------|--------------------|----------|--|
| Company | Phone Number | | |
| Address | City, State, Zip | | |
| Name of Supervisor | Start Date | End Date | |
| Job Title | Reason for Leaving | | |

List duties performed, skills used or learned, and advancements/promotions

May we contact this employer? Yes No

| | | |
|--------------------|--------------------|----------|
| Company | Phone Number | |
| Address | City, State, Zip | |
| Name of Supervisor | Start Date | End Date |
| Job Title | Reason for Leaving | |

List duties performed, skills used or learned, and advancements/promotions

May we contact this employer? Yes No

Additional Information

Describe any specialized training, skills or activities that you feel are relevant to the position you have applied for.

List professional, trade, business or civic activities and any offices held. You may exclude membership which would reveal gender, race, religion, national origin, age disability or other protected status.

References

Please list three references we may contact. Do not list family members.

| Name | Phone | Relationship |
|------|-------|--------------|
| | | |
| | | |
| | | |

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such remark is specifically acknowledged in writing by an authorized executive of this organization.
In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature:

Date: