



PALMER-DONAVIN

MANUFACTURING COMPANY

COLUMBUS • DELPHOS • LIMA • CINCINNATI • NORTHEAST OH • FT. WAYNE, IN
CORPORATE OFFICES

1200 Steelwood Road • Columbus, Ohio 43212-1372 • Tel.: 614/486-9657 • FAX: 614/486-5073

APPLICATION FOR EMPLOYMENT

Please Check Warehouse Location Being Applied for:

- | | |
|--|-------------------------------------|
| Building Materials Division | Heating & Cooling Division |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Columbus |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Cincinnati |
| <input type="checkbox"/> Delphos | <input type="checkbox"/> Ft. Wayne |
| <input type="checkbox"/> Northeast OH | <input type="checkbox"/> Lima |
| <input type="checkbox"/> Corporate Offices | |

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

PERSONAL DATA

Name (last, first, middle) _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home phone () _____ Message Phone () _____

Email _____

Are you legally able to work in the United States? Yes No Are you 18 or over? Yes No

Position(s) applying for _____

Referred by _____

EDUCATION RECORD

High school _____

Address _____

Degrees or diplomas _____

College/University _____

Address _____ Dates attended _____

Degrees or diplomas _____

Trade or technical training _____

Address _____ Dates attended _____

Degrees or diplomas _____

MILITARY SERVICE

Discharge

Honorable

Dishonorable

Dates of service

Duties/special training

EMPLOYMENT HISTORY

Begin with most recent employer. Attach additional sheet if needed.

1. Employer

Dates of employment

Address

City

State

Zip code

Phone ()

Beginning salary

Ending salary

Title/duties

Manager's name

Why did you leave?

2. Employer

Dates of employment

Address

City

State

Zip code

Phone ()

Beginning salary

Ending salary

Title/duties

Manager's name

Why did you leave?

3. Employer

Dates of employment

Address

City

State

Zip code

Phone ()

Beginning salary

Ending salary

Title/duties

Manager's name

Why did you leave?

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

Check Skills/Equipment Operated

<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Forklift
<input type="checkbox"/> Excel	<input type="checkbox"/> CDL Class A
<input type="checkbox"/> Access	<input type="checkbox"/> CDL Class B
<input type="checkbox"/> Outlook	<input type="checkbox"/> Other _____

Production/Mobil Machinery (Please List)

Have you ever filed an application with us before?
If yes, when?

Yes No

Date _____

Have you ever been employed with us before?
If yes, when?

Yes No

Date _____

When would you be available for work?

Date _____

Are you available to work: Full time Part-time

Shift Work Temporary

Are you currently on lay-off status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

PERSONAL DATA

Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment. No Yes

Explain.

Names of friends or relatives that are employed by this company.

PROFESSIONAL REFERENCES (Do Not List Family)

List three references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference

Work phone ()

Home phone ()

Address

City

State

Zip code

Relationship

2. Reference

Work phone ()

Home phone ()

Address

City

State

Zip code

Relationship

3. Reference

Work phone ()

Home phone ()

Address

City

State

Zip code

Relationship

I certify that the 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 change 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) may result in discharge at any time. I understand, also, that I am required to abide by all rules and regulations of the employee.

Signature of Applicant

Date

Application Must Be Complete To Be Considered

AUTHORIZATION AND RELEASE

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, criminal record, education and credentials. I voluntarily and knowingly authorize the company/and or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Medical and workers' compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA).

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to you or your agents. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

Signature _____ Date _____

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

PLEASE PRINT CLEARLY

Name: Last	First	Middle
Other Names Used - <i>Include maiden name, aliases and nicknames</i>		
Address:		
City/State/Zip:		
Telephone Number:	Social Security Number:	Date of Birth:
Drivers License Number:	Type:	State:

