

Allison ABRASIVES

Quality Abrasive Cut-Off Wheels

141 Industry Road, P.O. Box 192
Lancaster, Kentucky 40444
(859) 792-3033
Fax: (859) 792-3118

Application for Employment

Date _____

We appreciate your interest in our organization and assure you that we are interested in your qualifications. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. The principles of equal employment opportunity will be adhered to in job placements.

Personal

(Please print)

Name _____ Social Security No. _____
Last First Middle

Address _____ Telephone No. _____
No Street City State Zip

Person to notify in case of accident or emergency:

_____ Name Address Telephone No.

Position(s) applied for: _____ Hourly rate or salary desired: \$ _____ per _____

Who referred you to Allison? _____

Have you ever been convicted of a crime? Yes No If Yes, when, where, and nature of offense?

Are you legally eligible for employment in the United States? Yes No

Veteran U.S. Military?

Yes No _____

Are you at least 18 years old? Yes No

Have you worked for Allison before? Yes No If Yes give dates: From _____ To _____ Where _____

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to check your work or educational record? Yes No If Yes, give the name(s) _____

Education

Name/Location of School	Course of Study	Years Completed	Did You Graduate?	Diploma or Degree
High School _____				
College _____				

Other (Specify) _____				

Employment Experience (Most recent first)

Employer Name/Address	Dates		Job Title	Salary		Name of Supervisor/ Reason for Leaving
	From	To		Starting	Final	

May we contact present and prior employers? Yes No If No, indicate those you do not wish contacted:

Special training or skills _____

Hobbies and interests _____

Agreement

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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant _____ Date _____

Applications will be held active in Personnel for six months and retained for 12 months.

Personnel Department Use Only

Interviewed Yes No Date _____ Interviewed by _____ Signature _____

Comments _____

Employed Yes No Date of employment: Month _____ Day _____ Year _____

Job Title _____ Grade _____ Hourly rate/salary _____

Department _____ By _____ Name/Title _____ Date _____