



### APPLICATION FOR EMPLOYMENT

NW Ohio Propane is an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, non-job-related disability, marital status, veteran or military status, or any other legally protected status. Information requested on this application will not be used for any purpose prohibited by law.

This application will be considered active for a period of six (6) months, after which it shall be retired to an inactive file. To be considered for employment after the expiration of this application, a new application must be submitted.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_ Are you over 18? \_\_\_\_\_

Position applying for: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Expected salary: \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ If yes, dates: \_\_\_\_\_

Have you applied here before? \_\_\_\_\_ If yes, dates: \_\_\_\_\_

Do you have relatives employed by this company? \_\_\_\_\_ If yes, name(s): \_\_\_\_\_

#### EDUCATIONAL HISTORY

*(List in Chronological order starting with current or most recent)*

▶ Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Degree: \_\_\_\_\_ GPA: \_\_\_\_\_

▶ Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Degree: \_\_\_\_\_ GPA: \_\_\_\_\_

▶ Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Degree: \_\_\_\_\_ GPA: \_\_\_\_\_

▶ Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Degree: \_\_\_\_\_ GPA: \_\_\_\_\_



**WORK EXPERIENCE** *(List positions in chronological order starting with current or most recent position)*

	<b>Current or Most Recent Employment</b>	<b>Prior Employment</b>	<b>Prior Employment</b>
Employer:			
Street Address:			
City, State, Zip:			
Positions Held:			
Description of Duties:			
Reason for Leaving:			
Date Hired:			
Date Separated:			
Name of Supervisor:			
Title of Supervisor:			

Please describe your qualifications for the position:

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Have you ever been convicted of a misdemeanor involving theft, misrepresentation or moral turpitude or of any felony? *(Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements. If so, provide the date and place of conviction and the type of crime.)*

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Are there any reasons why you are not qualified for the position? If so explain:

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**PROFESSIONAL REFERENCES**

Please provide the names, addresses and telephone numbers of three professional references who can help provide information about your prior work experience, if you are offered a position.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Title: \_\_\_\_\_

Context and Length of Time Known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Title: \_\_\_\_\_

Context and Length of Time Known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Title: \_\_\_\_\_

Context and Length of Time Known: \_\_\_\_\_

**IMPORTANT**

**Please Read Before Signing**

My signature constitutes my certification that my responses are true and complete and that I have read and understood this paragraph. Where an item is left blank, it is because there is no information within its scope. My signature further constitutes my authorization for the Company to investigate the facts submitted and for those with relevant information, including, but without limitation, physicians, hospitals, schools, law enforcement agencies, and my prior employers, to provide such information to the Company, and I release them from any liability for doing so. A copy of this form shall serve as my authorization to release information and records. I hereby consent to undergo such drug screenings, and post-offer medical examinations as the Company may require (which may include obtaining body tissue or fluid samples and analysis of them). I understand that the Company may wish to conduct an employment background check, including a consumer report from a consumer reporting agency in accordance with the Fair Credit Reporting Act.

I understand and agree that any falsification or omission either on this form or in my responses to questions asked during the interviewing or examination process or on employment forms I may subsequently complete, including "I-9" forms, shall be grounds for immediate termination of employment, no matter when the falsification or omission is discovered.

I also understand that, if hired, my employment is to be "at will" and that my employer or I may terminate my employment at any time, with or without cause, unless the "at-will" arrangement is modified by a written agreement signed by both me and the President/CEO of the company.

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*