

Employment Application



- ✔ Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.
- Do you need an accommodation to participate in the application or interview process? ____Yes ____No Application Date _____ Employer: Marimor Industries, Inc Address: 2450 Ada Rd. Lima, OH 45801 Job Title ____ PERSONAL DATA ______ Date of Birth: ______ Social Security Number: Zip Present Address Please include previous address if you have lived at present address for less than three (3) years Phone () -Message Phone () -E-Mail Address Driver's License: Operator □ CDL Type CDL Endorsements License # Expiration Date: Issuing State: Please list all motor vehicle accidents in which the applicant was involved during the prior 3 years, specifying the date and nature of each accident and any fatalities or personal injuries it caused: Please list of all violations of motor vehicle laws or ordinances (other than parking violations) of which the applicant was convicted or forfeited bond or collateral for the prior 3 years. Have you ever been denied, had revocation or suspension of your driver's license, permit or privilege to operate a motor vehicle? ☐ Yes If Yes, please disclose □ No If No, please initial that this statement is the truth Are you a Veteran of Military Service ☐ Yes ☐ No EDUCATION Post Secondary Degree? \square AA \square BA \square MA \square High School Diploma/GED/HiSET? ☐ Yes ☐ No Ph.D.

Name of school beyond High School

Training Length Date Completed					
Major	Minor	Minor			
Work Experience (List most recent work experience fin	rst)				
Company Name	Immediate Supervisor				
Complete Address Street / P.O. Box					
Job Title	Phone () -				
Job Description (duties, skills, equipment used)					
Dates: From (mm/yy) / To (mm/yy)	/ Reason for leaving				
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WORK EXPERIENCE					
Company Name	Immediate Supervisor				
Complete Address	City State Zip Cod	1-			
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Job Title	Phone () -				
Job Description (duties, skills, equipment used)					
Dates: From (mm/yy)/ To (mm/yy)	/ Reason for leaving				
Dates: From (mm/yy)/ To (mm/yy)	/ Reason for leaving				
Dates: From (mm/yy) / To (mm/yy)	/ Reason for leaving				
Work Experience					
Work Experience Company Name					
Work Experience					

Job Description (duties,	skills, equipment used)		_	
Dates: From (mm/m)	/ To (mm/yy)/	Peason for lea	vina	
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WORK EXPERIENCE				
complete Address	Street / P.O. Box		City S	State Zip Code
lob Title			Phone () -
ob Description (duties,	skills, equipment used)			
Dates: From (mm/yy)	/ To (mm/yy) /	Reason for lea	ving	
DDITIONAL INFORMATION TH	AT COULD HELP YOU QUALIFY FOR THIS	POSITION		
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enses, Certificates, spe				
onood, ooranoatoo, ope	rolal Grane, etc.			
ST REFERENCES (preferab	ly persons who know about your	work/training)		
me	Address		Phone	Number
			()	
			()	-
			()	-
Signature:			Date:	

consider	rmation that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from ration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your employer? Yes No
	With my signature above (typed or written), I certify that all information on this and all attached pages is true, correct and complete the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providin such information.
with N	e indicate if a current staff member of Marimor Industries, Inc. referred you for employment Marimor Industries, Inc. staff member was: