

STEERE ENTERPRISES, INC.
APPLICATION FOR EMPLOYMENT
(An Equal Opportunity Employer)

NAME _____ DATE _____
 S.S. # _____
 PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE NO. _____ ARE YOU AT LEAST 18 YEARS OLD? YES NO
 ARE YOU EITHER A U.S. CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE U.S.? YES NO
 POSITION APPLIED FOR _____ DATE YOU CAN START _____
 DO YOU DESIRE PART TIME FULL TIME
 ARE YOU EMPLOYED NOW? YES NO CAN WE CONTACT YOUR EMPLOYER? YES NO
 HAVE YOU INTERVIEWED HERE BEFORE? YES NO IF YES, WHEN? _____
 NAME RELATIVES OR FRIENDS WORKING FOR US: _____

EDUCATION	SCHOOL & LOCATION	DID YOU GRADUATE?	DEGREE/ MAJOR SUBJECT	GRADE POINT AVERAGE
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER SCHOOLS				

MILITARY SERVICE _____ RANK _____ GUARD OR RESERVES CURRENTLY _____
 HAVE YOU EVER BEEN CONVICTED OF ANY CRIMES OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO IF YES, EXPLAIN: _____

BUSINESS EXPERIENCE (Start with your last or present job)

1. Name of Firm _____ Nature of Business _____
 Business Address (Street, City, State, Zip) _____
 Business Phone _____ Employed From _____ to _____ Job Title _____
 Immediate Supervisor _____ Salary _____
 Nature of Work _____
 What did you like about your job? _____

 What did you like least about your job? _____

 Reasons for leaving or considering a change? _____

2. Name of Firm _____ Nature of Business _____
Business Address (Street, City, State, Zip) _____
Business Phone _____ Employed From _____ to _____ Job Title _____
Immediate Supervisor _____ Salary _____
Nature of Work _____
What did you like about your job? _____

What did you like least about your job? _____

Reasons for considering a change? _____

3. Company _____ City _____ Immediate Supervisor _____ Date Started _____
Nature of Work _____ Business Phone _____ Date Left _____
Reason for Leaving _____ Salary _____

4. Company _____ City _____ Immediate Supervisor _____ Date Started _____
Nature of Work _____ Business Phone _____ Date Left _____
Reason for Leaving _____ Salary _____

Spare Time Activities (Exclude Racial, Religious or Nationality Groups) _____

READ THE FOLLOWING PARAGRAPHS CAREFULLY AND, ONCE YOU UNDERSTAND THEM SIGN AND DATE THE FORM.

AUTHORIZATION TO WORK: If hired, proof of eligibility to work in the U.S. will be required.

PHYSICAL EXAMINATION & MEDICAL HISTORY: I understand that if I am offered employment, such employment will be conditioned upon passing a physical/drug examination. I also understand that false, misleading, omitted information of statements by me or my post offer medical history questionnaire, to the doctor or nurses during my physical exam, or on other post offer medical documents is ground for termination. I hereby agree than all medical information collected on these questionnaires and during the exam may be released to Steere Enterprises.

AUTHORIZATION TO INVESTIGATE: I authorize Steere Enterprises, the Ohio Bureau of Workers Compensation, and any other company to make such investigations and inquiries into my personal, employment, financial, and educational matters as may be necessary to arrive at an employment decision. I hereby release current/former employers, schools, and the Ohion Bureau of Workers Compensation, and all other persons from all liability in responding to inquiries connected with my application.

ACKNOWLEDGMENT THAT EMPLOYMENT IS TERMINABLE AT WILL: I understand that if I am hired by Steere Enterprises, either Steere Enterprises or I have the right to terminate the employment relationship at any time for any reason. This right to terminate at will may be changed only by a written agreement signed by the President of Steere Enterprises.

DEDUCTION AUTHORIZATION: I authorize Steere Enterprises to deduct from my paychecks any money that I may owe to Steere Enterprises at any time.

CERTIFICATION OF TRUTH AND IMPLICATION OF FALSE APPLICATIONS STATEMENT(S): I certify that all answers and information I have given in this application are true and complete to the best of my knowledge. I realize that any false or misleading information or omission of relevant material in this application, interview(s), or medical information may result in a refusal to offer employment, or if employed, may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

Signed _____

Date _____