



8001 Rockside Road  
Valley View, Ohio 44125

LOCKKEEPERS

# EMPLOYMENT APPLICATION

It is the policy of this company to inform all applicants that no individual will be discriminated against due to race, sex, color, creed, religion, physical or mental disability, marital status, age, national origin, or sexual orientation.

## General Information...Please Print...Please Answer All Questions

Name (print)		Date
Home Telephone No.:	Cell Phone:	E-mail Address:
Present Address:		
Street	Apt. No.	City State Zip
Have you ever applied for work at LockKeepers before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	
Are you currently working as a temporary employee at LockKeepers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you employed by LockKeepers in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	What Position?
Are you related to a current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please specify:		
How did you hear about the position?		
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever pled "guilty" to or "no contest" to, or been convicted of a crime other than a minor traffic violation? (Including Misdemeanors)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please describe in full; include Court, Date, and Nature of Crime.		

## Employment Desired

Desired Position:	Date Available to Start:	Salary Requirements:				
Check one: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-op						
Please list days and hours preferred or <i>check here for Any days and hours</i> <input type="checkbox"/>						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Hours	Hours	Hours	Hours	Hours	Hours	Hours

## Military Service

Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: From: _____ to _____	
Branch	Final Rank	Special Training
Are you subject to military service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____		

## Education and Training

Please list highest grade or level completed: \_\_\_\_\_ Degree/License: \_\_\_\_\_

Name of School: \_\_\_\_\_ State: \_\_\_\_\_

License Number/Expiration Date (if applicable): \_\_\_\_\_

List any other special courses, training or certifications you have completed and any professional/trade groups or organizations which you belong to that you consider relevant to your ability to perform the job for which you applied: \_\_\_\_\_

Employment History				
Starting with your <b>PRESENT</b> or <b>MOST RECENT EMPLOYER</b> list in consecutive order <b>ALL EMPLOYMENT</b> for at least the past <b>FOUR</b> employers. If currently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Employer:			Telephone No.	
Address/Street	City	State/Zip	Immediate Supervisor	
Employment Dates (mo. & yr.)	Title of Position	No. Supervised	Salary Start	Salary End
From:	To:			
Reason for Desiring Change or Leave				
Description of Duties				
Name of Employer:			Telephone No.	
Address/Street	City	State/Zip	Immediate Supervisor	
Employment Dates (mo. & yr.)	Title of Position	No. Supervised	Salary Start	Salary End
From:	To:			
Reason for Desiring Change or Leave				
Description of Duties				
Name of Employer:			Telephone No.	
Address/Street	City	State/Zip	Immediate Supervisor	
Employment Dates (mo. & yr.)	Title of Position	No. Supervised	Salary Start	Salary End
From:	To:			
Reason for Desiring Change or Leave				
Description of Duties				
Name of Employer:			Telephone No.	
Address/Street	City	State/Zip	Immediate Supervisor	
Employment Dates (mo. & yr.)	Title of Position	No. Supervised	Salary Start	Salary End
From:	To:			
Reason for Desiring Change or Leave				
Description of Duties				

**PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM**

- Regardless of whether or not I become employed by LOCKKEEPERS, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at LOCKKEEPERS is on an at-will basis, and that my employment may be terminated with or without cause and without notice at any time, at my option or LOCKKEEPERS. I further understand that no LOCKKEEPERS employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of LOCKKEEPERS and then only by means of a signed written document.
- I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the company if I should be charged or convicted of a felony, or any crime involving dishonesty, violence, drugs or a breach of trust while my job application is pending, or during my period of employment, if hired. I authorize the company to conduct a thorough criminal background check.
- I authorize the company to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I authorize any person, school, current or previous employer, and organization named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.
- I understand that any offer of employment is also contingent upon my ability to provide the documentation required by the Immigration Reform and Control Act of 1986 to substantiate that I am legally authorized to work in the United States.
- This application will remain active for six months.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_