

# Professional Business Associates

5454 Cleveland Avenue  
 Columbus, OH 43231-4021  
 614-895-7277

# Employment Application

The law prohibits discrimination because of age, race, color, gender, religion and national origin, and requires affirmative action in the hiring of minorities, women, the handicapped, and veterans.

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**  
**PLEASE PRINT ALL INFORMATION IN BLACK OR BLUE INK.**  
**BE SURE TO SIGN THIS APPLICATION ON THE LAST PAGE.**

Last Name	First Name	Middle Name
Street Address	City	State ZIP Telephone Number
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail Address
Describe the type of employment you desire: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
What hours are you available to work: <input type="checkbox"/> Weekend <input type="checkbox"/> Weekday		
Position Sought: _____		
When would you be available for employment? _____		

## Academic Training

Institution Name and Location	Attended From To (Mo./Yr.)	Major Subjects (be specific)	GPA	Degree/Diploma	Date Received or Expected

## List Other Education, Professional Certification, Licensure, Accreditation

_____ _____ _____
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## Employment History

List your past three (3) jobs, activities, and/or other experience, including volunteer work, part-time employment while in school, U.S. Military Service, and self-employment.

Employer/Organization (present or most recent)		Supervisor (name and title)	
Street Address, City, State ZIP		Your Job Title	
Description of your duties:			
Reason for leaving:		From (Mo./Yr.)	To (Mo./Yr.)
May we contact your present employer for references?      _____yes      _____no May we contact you at your present place of employment?      _____yes      _____no If yes, please list employment telephone number _____			
Employer/Organization		Supervisor (name and title)	
Street Address, City, State ZIP		Your Job Title	
Description of your duties:			
Reason for leaving:		From (Mo./Yr.)	To (Mo./Yr.)
Employer/Organization		Supervisor (name and title)	
Street Address, City, State ZIP		Your Job Title	
Description of your duties:			
Reason for leaving:		From (Mo./Yr.)	To (Mo./Yr.)

<b>Achievements (listed by date)</b>

<b>References</b>		
List three (3) persons familiar with your work ability that we may contact. Exclude relatives.		
Name (Last, First)	Address (City, State, ZIP)	Telephone Number

<b>U.S. Military Service</b>	
Service Branch: _____	Dates: _____
Specialty Training Received: _____ _____ _____	

<b>Personal</b>	
Do you have the legal right to work in the U.S.?	_____ Yes    _____ No
Have you ever been convicted under your current name or any other name of a felony?	_____ Yes    _____ No
If yes, give date, court, nature of offense, and disposition: _____	

**I certify that the answers I have given to the foregoing questions and statements are true and correct, without mental reservation of any kind. If employment is obtained under this application, I will comply with all orders, rules and regulations of the company. I agree to submit to a physical examination. I also authorize my former employers and educational institutions to give any information they may have regarding me. I release them and their organizations from all liability for any damage whatsoever for issuing same. If, upon investigation, anything in this application is found to be untrue, I understand that I will be subject to dismissal at any time during the period of my employment.**

**Applicant — please sign and date here** \_\_\_\_\_  
*Signature* *Date*

**If electronic signature is unavailable, please check here \_\_\_\_\_ to signify agreement and type applicant's initials here \_\_\_\_\_.**