



## PRE-EMPLOYMENT JOB APPLICATION

### PERSONAL INFORMATION

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

**E-MAIL:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER (SSN):** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **DATE AVAILABLE:** \_\_\_\_\_

**DESIRED PAY:** \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY **POSITION APPLIED FOR:** \_\_\_\_\_

**EMPLOYMENT DESIRED:** ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

### EMPLOYMENT ELIGIBILITY

**ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?** ☐ YES ☐ NO\*

**HAVE YOU EVER WORKED FOR THIS EMPLOYER?** ☐ YES\* ☐ NO

**\*IF YES, WRITE THE START AND END DATES:** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** ☐ YES\* ☐ NO

**\*IF YES, PLEASE EXPLAIN:** \_\_\_\_\_

### EDUCATION

**HIGH SCHOOL:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_

**GRADUATE?** ☐ YES ☐ NO **DIPLOMA:** \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_

**GRADUATE?** ☐ YES ☐ NO **DEGREE:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_

**DEGREE/CERTIFICATION:** \_\_\_\_\_



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## PREVIOUS EMPLOYMENT

**EMPLOYER 1:** \_\_\_\_\_  
Company / Individual Phone

**ADDRESS:** \_\_\_\_\_  
Street Address City State Zip Code

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **DIRECT SUPERVISOR:** \_\_\_\_\_

**STARTING PAY:** \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY **ENDING PAY:** \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

**JOB TITLE:** \_\_\_\_\_ **RESPONSIBILITIES:** \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_  
Company / Individual Phone

**ADDRESS:** \_\_\_\_\_  
Street Address City State Zip Code

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **DIRECT SUPERVISOR:** \_\_\_\_\_

**STARTING PAY:** \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY **ENDING PAY:** \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

**JOB TITLE:** \_\_\_\_\_ **RESPONSIBILITIES:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_  
Company / Individual Phone

**ADDRESS:** \_\_\_\_\_  
Street Address City State Zip Code

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **DIRECT SUPERVISOR:** \_\_\_\_\_

**STARTING PAY:** \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY **ENDING PAY:** \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

**JOB TITLE:** \_\_\_\_\_ **RESPONSIBILITIES:** \_\_\_\_\_

## MILITARY SERVICE

**ARE YOU A VETERAN?** ☐ YES ☐ NO **BRANCH:** \_\_\_\_\_

**TYPE OF DISCHARGE:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**IF NOT HONORABLE, PLEASE EXPLAIN:** \_\_\_\_\_



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### REFERENCES

(PROFESSIONAL ONLY)

**FULL NAME:** \_\_\_\_\_ **COMPANY:** \_\_\_\_\_  
First Last

**TITLE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **COMPANY:** \_\_\_\_\_  
First Last

**TITLE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **COMPANY:** \_\_\_\_\_  
First Last

**TITLE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

### BACKGROUND CHECK / DRUG SCREEN CONSENT

**IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?** ☐ YES ☐ NO

**IF ASKED, ARE YOU WILLING TO CONSENT TO A DRUG SCREEN?** ☐ YES ☐ NO

### DISCLAIMER / CERTIFICATION

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered. Please complete each section EVEN IF you decide to attach a resume.

I, authorize investigation of all statements contained in this pre-application. I, specifically authorize Marion County Job and Family Services / OhioMeansJobs-Marion County to contact any pertinent individual and/or company for the purpose of obtaining information relating to my work history and job performance.

I understand that this pre-employment application will be given every consideration, but its receipt does not guarantee nor imply that I will be granted a selection interview or employment. I further understand that this pre-application will be maintained for one year.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

