

NOTICE TO APPLICANTS: Federal and State law requires that all applications be considered without regard to race, color, religion, ancestry, sex, age (40 or older), national origin, disability or veteran status. We believe and fully support the principle of equal employment opportunity and will fulfill our obligation to the fullest.

## **EMPLOYMENT APPLICATION**

Identification	PLEASE PRINT IN INK	mit t 7 tt t Lat				
Name:						
(First)		(Middle)		(Last)		
Address: (Street/P.0	) Box)	(City)		(State	) (Zip Code)	
Telephone No.:			Social Security No.:		(Zip Gode)	
Work Preferences						
Job Title you are applying for?	Minimum Acceptable Wages?					
What type of position would you ac	□ Full-time	☐ Part-time	2000 BOX 2000	☐ Permanent		
Eligible to be employed under pres		Have you applied at	Krendl Machine befo	ore?		
Are you 18 years of age or older?	☐ Yes	□ No				
Date available to start:	Date available to start: Have you ever been employed by Krendl Machine? When?					
General Information						
List any friends or relatives working	with us now:					
Have you been <u>convicted</u> of a crin	ne (exclude traffic violations	where the fine	was \$100 or less)?	☐ Yes	□ No	
If yes, list convictions & dates:			utomatically exclude you			
Please list any disability that may limi			•		ommodate you:	
Education						
Please circle last year of formal education completed:	100 <u>l</u> ) 11 12	College 1 2 3 4	ge Other:			
formal education completed:         1 2 3 4 5 6 7 8 9 10           Graduation Name and location of school         Yes/II		ate?	Degree Received	Program or Major Coursework		
Last High School						
College, University, Business, Military Schools						
Graduate School						
Special Skills and Qualifica	ations				35	

Summarize special job-related skills/qualifications/licenses/certificates. Provide license/certificate number and issuing authority. Include word processing speed.

Experience – Begin wi		recent employer.				
1.	Employer:					
	Address:					
I.	Telephone:					
Dates of Employment:	From (Mo./Yr.)		To (Mo./Yr.)			
Title:			Supervisor:			
Description of Duties/Re	esponsibilities:					
Reason for leaving:		Annual Salary or Hourly Rate: \$				
	F					
2.	Employer:					
	Address:					
l .	Telephone:		And the second s			
Dates of Employment: From (Mo./Yr.) To (Mo./Yr.)			The state of the s			
Title:			Supervisor:			
Description of Duties/Re	esponsibilities:	-				
Reason for leaving:		Annual Salary or Hourly Rate: \$				
3.	Employee					
3.	Employer:					
	Address:					
	Telephone:					
Dates of Employment: From (Mo./Yr.) To (Mo./Yr.)						
Title:			Supervisor:			
Description of Duties/Re	esponsibilities:					
Reason for leaving:		Annual Salary or Hourly Rate: \$				
Please add additional prior employe	ers on a separate page and att	tach.				
References						
Professional – list three p	ersons who have first	thand knowledge of ye	our skills and ability (manager, supervisors, etc.).			
Name		Title	Address & Phone Number			
1.		TRIO	Address & Front Number			
2.						
3.						
Certification and Statement of Understanding – PLEASE READ CAREFULLY BEFORE SIGNING						
I certify that all of the information in this employment application and any attachments are true and complete to the best of my knowledge. I understand that Krendl Machine may investigate the information. I have furnished and I realize that any misrepresentation, omission or false information in this application and any attachments can lead to the withdrawal of an offer of employment and/or to termination from employment. I further authorize Krendl Machine's representatives to contact all employers for which I have worked, and persons whose names are listed above, for any information which may be						
required to determine my qualifications for employment. I understand I may request that my current employer be excluded from this reference check.  Krendl Machine Co, is a drug-free workplace in compliance with the Ohio Bureau of Worker's Compensation and when the job necessitates the DOT concerning the requirements to maintain a Commercial.						
Drivers License. I understand that the company requires the successful completion of a medical, drug or chemical test as a condition of and during the course of my employment. The drug screen is a prepaid service by Krendl Machine that will be deducted from my first paycheck and will be reimbursed after the successful completion of my probationary period.						
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Krendl Machine is of an "at-will" nature, which means that I may resign at any time and Krendl Machine may discharge me at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written documentation, oral representation or by conduct unless such change is in a written document specific to me and signed by me and the President of Krendl Machine.						
I agree that any claim or lawsuit relating to my service with Krendi Machine must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. Krendi Machine Co. reserves the right to change my compensation at any time for any reason, regardless of whether or not Krendi Machine has the right to do so.						
I hereby authorize all of the former employers and references set forth on this employment application form and/or any resume or other attachments, to provide Krendi Machine any and all information related to my prior employment and other information about my background. I knowingly and voluntarily release and hold hermless these former employers and references, and any other employee or agent of them, from and against any and all claims of any kind whatsoever that I may have because they provide, or attempt to provide, any such information to Krendi Machine. I further authorize Krendi Machine to obtain information regarding my criminal or work history and I hereby direct, any employment service agencies to provide such information. I knowingly and voluntarily release and hold harmless Krendi Machine or any employee or agent of it, from and against any and all claims of any kind whatsoever that I may have because of the request, receipt, or use of any such information. A copy of this certification and statement of understanding shall have the same force and effect as the original. In the event of employment, I agree to abide by all true, regulations, and policies of Krendi Machine. Krendi Machine. Company reserves the right to change the terms and conditions of my employment at any time. I have read and understand this certification and statement of understanding. This						
application is considered active for 1 year.  Signature:						