

HERO'S TOLEDO EMPLOYMENT APPLICATION

Complete application and return it to Hero's Toledo in person.

9851 Meridian Court, Rossford, OH 43460 - (419) 873-9400



Hero's Toledo is an equal opportunity employer and considers all applicants equally without regard to race, sex, age, religion, natural origin, color, disability, citizenship, or veteran status.

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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Please read the following statements carefully.
Notice to applicants as required by the Fair Credit Reporting Act

In connection with your employment application, an investigative consumer report background check for the purpose of evaluating your suitability for employment will be made. If a decision to deny employment is based on this information, you will be notified, along with the name and address of the investigative agency making the report.

Employment Agreement

This Company is an equal opportunity employer, and selects individuals best matched for jobs based upon job-related qualifications regardless of race, religion, color, creed, sex, national origin, age, disability, or any other status or characteristic protected by law.

I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate this company to hire me or offer me a job.

In the processing of my employment application, an investigation may be conducted whereby information and references will be requested from former employers. Permission is hereby granted to any school, person, firm, or corporation, whether my former employer or otherwise, to give this Company any relevant information that may be required to arrive at an employment decision and I hereby release this Company, its officers, employees, representatives, or agents, from any and all liability and/or damage incurred by myself in accessing or using such information.

I understand that as a matter of Company policy, my employment and compensations shall only continue so long as mutually agreeable, and may be terminated by the Company or me without cause or advance notice. No manual, policy, or statement by any Company representative (other than a formal agreement signed by the company and me) is to be considered a contract of employment, whether expressed or implied, for any specific period of time or upon any continuing term.

This Company reserves the right to use any method of investigation which, in its sole discretion, deems reasonable and necessary to determine whether an employee has engaged in conduct warranting disciplinary action. As a condition of employment, if hired, I agree to cooperate in any such investigation. As a condition of my employment, I voluntarily agree to cooperate in consenting and submitting to any urine or blood tests requested by the Company, to enforce its drug and alcohol policy, as well as any searches of my person or property while employed by the Company, and I recognize that refusal to cooperate in such tests or searches would be grounds for discipline, including termination.

I understand that if hired, my employment may be terminated by the Company, due to any misrepresentation, misinformation, or inaccuracy of the statements contained on the application for employment. I authorize the company to investigate all statements contained in this application for accuracy and completeness and to obtain any transcripts, records, or documents, pertaining to my background, and business experience, as required by the company. If hired, I agree to conform to the rules and regulations of this company as issued from time to time. I also attest that I am authorized to work in the United States. I understand this application will remain active for thirty (30) days and if I have not been hired by the date, I must renew my application to be considered for future employment.

Applicant Signature: _____

Date: _____