

O'NEIL TENTS  
 Rentals and Manufacturing  
 895 W. Walnut Street  
 Canal Winchester, OH 43110  
 Phone (614) 837-6352



## Employment Application

How did you learn about our company? \_\_\_\_\_  
 What position are you applying for? \_\_\_\_\_

Date of Application \_\_\_/\_\_\_/\_\_\_  
 Date Available to start \_\_\_/\_\_\_/\_\_\_

<b>Personal Information:</b>				
Last Name		First Name		Middle Name
Social Security Number		Home Phone Number		Other Phone Number
Present Address:	Apt. #	Number/Street	City	State Zip Code
Past Address:	Apt. #	Number/Street	City	State Zip Code
Have you ever been employed by O'Neil Before? Yes ___ No ___ If yes, when Month/Year ___/___				
Have you ever been convicted of any criminal offense, other than a minor traffic violation? Yes ___ No ___ If "Yes", give details, including when, where, and disposition of charge. (such a conviction will not necessarily disqualify you for the position for which you are applying)				
Do you have any previous injuries? Yes ___ No ___ If "Yes" please describe				
Can you perform the essential functions of the applied for job with or without reasonable accomodation? Yes ___ No ___				
Are you 18 or older? Yes ___ No ___	Can you legally work in the U.S.A.? Yes ___ No ___		Do you have a valid drivers license? Yes ___ No ___ #	

<b>Education:</b>				
Type of School	Name of School, City, State	# of years attended	Did you graduate	Subjects studied
High School				
College				
Trade, Business or Other School				

<b>Military Service:</b>			
Branch of Service	Rank	Currently in the reserves or national guard Yes ___ No ___	Date Entered ___/___/___ Date Discharged ___/___/___
Principle duties while in the service			

Former Employers (List below the last three employers starting with the most recent first)					
Dates employed		Name and Address of Employer	Ending Wage	Position	Reason for leaving (see below)
From Mo./Yr.	To Mo./Yr.				
___/___	___/___				(1)
___/___	___/___				(2)
___/___	___/___				(3)
Reason for leaving					
(1)					
(2)					
(3)					

In Case of Emergency Notify \_\_\_\_\_  
Name Phone Number

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR REPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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Do not write below this line

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Hired: Yes \_\_\_\_\_ No \_\_\_\_\_ Position \_\_\_\_\_ Department \_\_\_\_\_

Starting salary/wage \_\_\_\_\_ Date reporting to work \_\_\_\_\_