ATHENS-HOCKING RECYCLING CENTERS, INC.

APPLICATION FOR EMPLOYMENT	
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AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

INSTRUCTIONS: Please fill out this employment application form as completely and accurately as possible. Please print or write in a legible manner.

	ONAL INFORMATION First Name	Middle Initial	
		City	
		County	
		k (optional)	
Social Security Number	•		
Are you under 18?	Yes No If yes, can you	obtain a work permit? 🔲 Yes 🔲 No	
Have you filed an appli	cation with this organization	before? Yes No Date	
Have you ever been em	ployed by this organization?	Yes No	
Have you been convicte	ed of a felony? Tyes	No If yes, explain	
	t the time of the offense,	bar an applicant from employment. Ot seriousness and nature of the act, a	
SECTION II: TYPE	OF WORK DESIRED		nemen.
Please describe the type	or nature of work for which	ı you are applying:	
Are you interested in:	Full-time employment	Part-time employment No preferen	

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Are you interested in: Permanent employment	Temporary employment
Intermittent employment	Seasonal employment
No preference	•
What is your minimum weekly salary requirement?	
Date available for work	
Do you have commitments (i.e., second job, school, etc) wh	
with this organization?	n
SECTION III: EDUCATIONAL EXPERIENCE AND TO	RAINING
This section is intended to give the employer information ab the applicant has completed, and to demonstrate the skills applicant to perform the job duties of the position.	out the education and training that , knowledge, and abilities of the
High School Attended:	
Address:	
Did You Graduate? High School Equivalent? _	
Courses Pertaining to Job Applied for:	
Activities, Awards, Sports, Etc.:	
College/Trade/Business School Attended:	
Address:	
Did You Graduate? Degree:	
Courses Pertaining to Job Applied for:	
Activities, Awards, Sports, Etc.:	
Graduate School(s) Attended:	
Address:	
Date of Attendance: To:	
Did You Graduate? Degree:	

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If you have received any other training not mentioned above, please describe. Include any equipment or instruments you operate, or any other skills you possess which better indicate your ability to perform the job for which you are applying:			
SECTION IV: EMPLO	YMENT HISTO	DRY	
Please describe your empresent or most recent disqualification.	ployment history employer. Failur	and work experience in date re to include all employmen	order. Begin with your nt may be grounds for
May we contact these en	ployers for refere	ences? Yes No	
Current Employer:			***
Address:			
		To:	
		a 11 00 0000000 1000 1000 1000 1000 100	
		Current Salary:	
Describe your duties, res	ponsibilities, equi	ipment operated, promotions,	, etc.:
Why do you want to leave	'e?		
*	***********	**********	ŧ
Previous Employer:			
Address:			
Phone Number:			
		To:	
Job Title:			
Supervisor's Name:			
		Current Salary:	
Describe your duties, res	ponsibilities, equi	ipment operated, promotions,	, etc.:

PAGE 4 OF 6 Why do you want to leave? ********** Previous Employer: Address: Phone Number: Dates Employed: ______ To:_____ Job Title:_____ Supervisor's Name: Beginning Salary: Per Current Salary: Per Describe your duties, responsibilities, equipment operated, promotions, etc.:_____ Why do you want to leave? Previous Employer: Address: Phone Number: Dates Employed: ______ To:_____ Job Title: Supervisor's Name:_____ Beginning Salary: _____ Per ____ Current Salary: ____ Per ____ Describe your duties, responsibilities, equipment operated, promotions, etc.: Why do you want to leave?_____ ********

Previous Employer:

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-			
Address:			
		To:	
Job Title:			
Supervisor's Name:			
Beginning Salary:	Per	Current Salary:	Per
Describe your duties, res	ponsibilities, equi	pment operated, promotions,	elc.:
Why do you want to leav	re?		
SECTION V: REFERI	ENCES	onen kun kara an mantan kun kun kun kun kun kun kun kun kun ku	
Name:		Name:	
Address:	<u> </u>		
Phone:		Phone:	
Name:		Name:	
Address:			
Phone:			
SECTION VI: AGREE			-

APPLICATION FOR EMPLOYMENT

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of the paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems

	necessary to determine whether I can physically p position, with reasonable accommodation when necessary include drug, alcohol or substance abuse t	essary. I understand and accept that
	this may include drug, alcohol of substance abuse t	Initials:
2.	If employed, I understand and accept that, depends applying for employment, I may be required to including weekends and be on call and work mandates.	work evening hours or night hours,
3.	I understand and accept that if any information re- be falsified or intentionally excluded, my applicationsideration. I further understand and accept that may be subject to disciplinary action, including term by this application has been falsified or intentionally	ion may be disqualified from further if I am employed by the employer, I mination, if any information required
		Initials:
4.	I understand and accept that the employer requirement and informational agencies that exchange employer require that the employer's employees deactivities. Therefore, I understand and accept the which I am applying for employment, it may investigate my background for any criminal or unlar	and and accept that the various law lange information and data with the o not have a past record of unlawful lat, depending on the department in be necessary for the employer to
5.	I hereby authorize the employers, schools and application to provide information regarding me t the release of personnel, academic and other record	o the employer. I further authorize
accura contain inform employ	nnly swear that all of the information furnished in te, and complete to the best of my knowledge. I aunced in this application. I understand that any mistation provided may lead to withdrawal of an employment. I recognize that my future employment with ge in substance abuse, illegal drug use, or alcohol above.	thorize investigation of all statements representation or falsification of the yment offer or termination following a the employer will be jeopardized if
Applic	ant's Signature	Date