

# WICKENS HERZER PANZA

35765 Chester Road, Avon, OH 44011-1262

440-695-8015 Christina Maschari, HR Manager  
 cmaschari@wickenslaw.com

## EMPLOYMENT APPLICATION

The following information is requested to help us make the best possible placement within the Company. All portions of this application pertaining to you must be completed. Company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law including on the basis of race, color, sex, national origin, religion, age, disability, military status, veteran status or any other protected class. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

**NOTE:** If after one year from the date of this Employment Application you have not been contacted by the Company and you still desire to be considered for a position with this Company, you must submit a new Employment Application.

**NOTE:** To comply with Federal Law, in the event that you are offered a position with this Company you must establish your eligibility for employment by providing two forms of identification from a list we will provide you at the time that you are offered a position.

<b>SOCIAL SECURITY NUMBER</b>		-	-
<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>	
<b>OTHER LAST NAMES EVER USED (E.G., MAIDEN NAME)</b>			
<b>CURRENT ADDRESS:</b>			
<b>NUMBER/STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>TELEPHONE:</b>			
<b>HOME</b>	<b>CELL</b>	<b>WORK</b>	
(    )	(    )	(    )	
OK to call? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to call? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to call? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OK to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Call 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	Call 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	Call 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	

Are you at least 18 years of age? .....  Yes    No

If you are under 18 years of age, please state your age: ..... \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. without any restriction? .....  Yes    No

Have you ever been involuntarily terminated or asked to resign from any employment position? .....  Yes    No

If yes, please explain circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S FULL NAME:**

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Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, please describe the functions that cannot be performed: \_\_\_\_\_

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If selected for employment, are you willing to submit to testing for illegal drug use? .....  Yes  No

Have you ever applied for a job with the Company in the past? .....  Yes  No

Have you ever worked at the Company before? .....  Yes  No

If yes, when and for how long? \_\_\_\_\_

Were you referred to the Company?  Yes  No If so, by who? \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for the Company? .....  Yes  No

If yes, state name and relationship: \_\_\_\_\_

Position (s) for which you are applying: \_\_\_\_\_

Salary Expected: \$ \_\_\_\_\_ Per:  Hour  Week  Year

What Computer Software are you skilled in? \_\_\_\_\_

If applying for secretarial position, what is your estimated typing speed? \_\_\_\_\_ Words Per Minute  N/A

What other experience or skills qualify you for work here? \_\_\_\_\_

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What are your preferred hours to work? \_\_\_\_\_

Can you work Full-Time?  Yes  No Can you work Part-Time?  Yes  No Can you work Overtime?  Yes  No

If your application is considered favorably, on what date can you begin work? \_\_\_\_\_

APPLICANT'S FULL NAME: \_\_\_\_\_

**PERSONAL REFERENCES (other than family and former supervisors):**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
		(      )	
		(      )	

**EDUCATION:**

	SCHOOL NAME	ADDRESS	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH SCHOOL		_____	9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree
		_____	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree
COLLEGE		_____	ENTER NO. YEARS COMPLETED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree
		_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree

**EMPLOYMENT RECORD (please list most recent position first)**

FROM	NAME AND ADDRESS OF EMPLOYER	JOB TITLES OR DUTIES	SALARY
MONTH / DAY / YEAR ____ / ____ / ____	_____		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually
TO	SUPERVISOR	PHONE NUMBER	REASON FOR LEAVING
____ / ____ / ____		(      )	
FROM	NAME AND ADDRESS OF EMPLOYER	JOB TITLES OR DUTIES	SALARY
____ / ____ / ____	_____		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually
TO	SUPERVISOR	PHONE NUMBER	REASON FOR LEAVING
____ / ____ / ____		(      )	
FROM	NAME AND ADDRESS OF EMPLOYER	JOB TITLES OR DUTIES	SALARY
____ / ____ / ____	_____		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually
TO	SUPERVISOR	PHONE NUMBER	REASON FOR LEAVING
____ / ____ / ____		(      )	

**APPLICANT'S FULL NAME:**

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**PLEASE READ THE LANGUAGE BELOW CAREFULLY. SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS LANGUAGE, PLEASE SEEK ASSISTANCE PRIOR TO SIGNING THIS DOCUMENT.**

I hereby certify that the information presented in this Employment Application is true, accurate and complete. I understand that, if hired, my continued employment is expressly conditioned upon the accuracy and completeness of the information presented herein, subject to further reports from any of the References or Employers I have stated herein. I further agree, if I accept employment, to abide by all rules, regulations and policies which the Company may institute from time to time, in its discretion. I further understand that no personnel recruiter or interviewer or other representative of the Company, other than the President or Vice President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that this Employment Application, copies of rules, regulations and policies, and any other Company documents, are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, or may be terminated by the Company at any time and for any reason or no reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I understand that I will also have to complete a separate Background Check Disclosure, Authorization and Release as part of this application process.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

All Qualified Applicants will Receive Consideration for Employment Without Regard to race, color, sex, national origin, religion, age, disability, military status, veteran status or any other protected status.

# **BACKGROUND CHECK DISCLOSURE, AUTHORIZATION AND RELEASE**

## **Section 1: Disclosure**

This form, which you should read carefully, has been provided to you because Wickens Herzer Panza may request consumer reports and/or investigative consumer reports on you from a consumer reporting agency. Wickens Herzer Panza will use any such report(s) solely for employment-related purposes.

Consumer reports and/or investigative consumer reports on you will be obtained by a background check vendor and provided to Wickens Herzer Panza. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, Social Security Number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, Workers' Compensation records (only post-offer), personal and professional references checks, licensing and certification checks, etc. The information contained in these reports may be obtained by the vendor from private and/or public record sources, including sources identified by you on your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

If you are denied employment as a result of information obtained from your background check, Wickens Herzer Panza will furnish you with a summary of your rights under the Fair Credit Reporting Act in a form issued by the Consumer Financial Protection Bureau entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

## **Section 2: Authorization and Release**

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of consumer reports and/or investigative consumer reports to Wickens Herzer Panza in conjunction with my job application. I also authorize disclosure to Wickens Herzer Panza and/or to the background check vendor of information concerning my employment history, earning history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history and all other information Wickens Herzer Panza deems pertinent by any individual, corporation or other private or public entity, including, without limitation, the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; motor vehicle records agencies; and other applicable sources. I hereby release and hold the vendor and Wickens Herzer Panza, its officers, directors, employees and trustees harmless from any and all liability with respect to the consumer reports, investigative consumer reports, investigations, verifications and/or the use of any information relevant to my employment.

I understand that if Wickens Herzer Panza hires me, my consent will apply throughout my employment to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to Wickens Herzer Panza, Office of Human Resources. I also understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during or after my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

This Background Check Disclosure, Authorization and Release form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by Wickens Herzer Panza.

I understand that providing any false information or omitting any material information on my application materials or in the interview process will be sufficient grounds for rejection of the application, or termination of employment whenever discovered.

**Section 3: Applicant Information (Complete the following requested information.)**

APPLICANT'S FULL NAME:			
FIRST NAME	MIDDLE NAME	LAST NAME	
COUNTRY OF RESIDENCE	DOES APPLICANT HAVE A SOCIAL SECURITY NUMBER?	SOCIAL SECURITY NUMBER	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	- -	
DATE OF BIRTH (FOR ID PURPOSES ONLY)	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	
CURRENT ADDRESS:			
NUMBER/STREET	CITY	STATE	ZIP
DAYTIME PHONE NUMBER	EMAIL ADDRESS		
(      )			

CONVICTIONS:		
HAVE YOU EVER BEEN CONVICTED OF OR ENTERED A PLEA OF GUILTY OR NO CONTEST TO ANY FELONY OR MISDEMEANOR? (MISDEMEANORS INCLUDE DUI.)		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
IF YOU ANSWERED "YES," PLEASE ANSWER THE FOLLOWING:		
CONVICTION	CONVICTION TYPE	CONVICTION DATE (mm/dd/yyyy)
COUNTY	CITY	STATE
CONVICTION DESCRIPTION: DETAILS OF <u>ALL</u> OFFENSES INCLUDING NATURE, CIRCUMSTANCES AND DATES. ATTACH ADDITIONAL SHEETS IF NECESSARY. A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.		

APPLICANT'S FULL NAME:

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## DRIVING RECORDS RELEASE

(Courier or other Driver Position Only)

As an applicant for the courier or other driving position with the Company, I authorize the Company to check my driving record and certify that I currently have a valid drivers' license without restriction. A copy of this authorization shall be considered the same as the original.

Drivers' License Number: \_\_\_\_\_

State of Drivers' License: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**APPLICATIONS FOR DRIVING POSITIONS RECEIVED WITHOUT SIGNATURE ON DRIVING RECORD RELEASE WILL BE EXCLUDED FROM CONSIDERATION FOR A POSITION WITH THE COMPANY.**