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# EMPLOYMENT APPLICATION

341 SOUTH THIRD STREET, SUITE 100  
COLUMBUS, OH 43215

P: 614.221.5400  
F: 614.221.5408

Date of Application: \_\_\_/\_\_\_/\_\_\_  New Hire  Rehire

## GENERAL

Name: Last, First Middle (Maiden)		Social Security Number	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Home Address, City, State, Zip			Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: _____	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell Phone: _____	When are you available for work? ___/___/___		
Email: _____	Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you available for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Only <input type="checkbox"/> Shift Work <input type="checkbox"/> Overtime		If yes, please explain? _____	
		Title of position for which you are applying:	

## EDUCATION / TRAINING

College / University	What years did you attend?
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Diploma or last level achieved: _____	Major / Subject
College / University	What years did you attend?
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Diploma or last level achieved: _____	Major / Subject
College / University	What years did you attend?
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Diploma or last level achieved: _____	Major / Subject
High School graduated or last attended	What years did you attend?

Other education or skills including any languages in which you are fluent:

# EMPLOYMENT HISTORY

LIST WORK EXPERIENCE FOR AT LEAST THE LAST 5 YEARS BEGINNING WITH THE MOST RECENT JOB HELD.  
PRINT ADDITIONAL SHEETS IF NECESSARY

Start Date	End Date	Final Position Title	Final Salary	Reason for leaving
Company Name		Company Phone		May we contact this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Address		Last Supervisor Name		May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Duties				
Start Date	End Date	Final Position Title	Final Salary	Reason for leaving
Company Name		Company Phone		May we contact this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Address		Last Supervisor Name		May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Duties				
Start Date	End Date	Final Position Title	Final Salary	Reason for leaving
Company Name		Company Phone		May we contact this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Address		Last Supervisor Name		May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Start Date	End Date	Final Position Title	Final Salary	Reason for leaving
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Position Duties				
Start Date	End Date	Final Position Title	Final Salary	Reason for leaving
Company Name		Company Phone		May we contact this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Address		Last Supervisor Name		May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Duties				

# ADDITIONAL INFORMATION

## LICENSE INFORMATION

Do you have?

- CDL
- Other special operators Licenses - describe \_\_\_\_\_
- Automobile Driver's license

Have you had any accidents during the last three years?  Yes  No

Have you had any moving violations during the last three years?  Yes  No

If Yes, describe: \_\_\_\_\_

## MILITARY INFORMATION

Did you serve in the Military?  Yes  No Branch: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Discharge Status: \_\_\_\_\_

Specialty / Training: \_\_\_\_\_

Are you a member of the National Guard?  Yes  No

## REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By listing reference sources, you agree to hold them harmless and free of any liability for releasing such information.

All offers of employment are contingent on the provision of satisfactory proof of your identity and legal authority to work in the United States. Prior to employment, you must comply with the requirements of the Immigration and Naturalization Services Employment Eligibility Verification (i - 9 Form).

Homestead America / Homestead U is an Equal Opportunity / Affirmative Action Employer. Qualified individuals are considered for employment and employees are treated during employment without regard to any legally protected status, including race, color, creed, religion, national origin, age, sex, marital status, disability, sexual orientation or veteran status.

I certify that all statements (verbal and written) made are true, complete and accurate and that misrepresenting or omitting facts in the employment application, resume or interview process may prohibit consideration for employment and is cause for immediate termination if employed.

Homestead America / Homestead U reserves the right to perform a criminal background check and a pre-employment drug test. Random drug testing throughout employment may be required.

Applicant Signature

Date

Reviewed by

Date

