



**FINDLAY
IMPLEMENT CO.**

1640 N. Ridge Rd.
Findlay, Ohio 45840

Application for Employment | An Equal Opportunity Employer

Findlay Implement Company is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, creed, religion, national origin, gender, age, disability, veteran status, citizenship status or any other characteristic protected by federal, state or local law.

Section I - Personal Information

Please make all answers complete and accurate.

Date of Application: _____ *Social Security Number: _____

Last Name: _____ First Name: _____ Middle Name: _____

Current Street Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ How long have you lived at this address? _____

If less than 10 years, please list previous addresses:

1. _____

2. _____

3. _____

4. _____

Position Desired: _____ 2nd Choice: _____

Employment Type: Full Time Part Time Temporary Date Available: _____

Shift Desired: Day Night Swing Evenings Weekends

**An applicant's social security number should only be requested if the employer has a legitimate business reason for the information at the hiring stage. Otherwise, if the applicant is hired, the employer will receive this information on the 1-9 and W-4 forms.*





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Have you ever been employed by us? _____ Date: _____

Do you have any relatives(s), or persons with whom you are involved in a close personal relationship, employed by Findlay Implement Company? _____

Name: _____ Relationship: _____

Emergency Contact: _____ Phone Number: _____

Section II - Employment Information

Are you at least 18 years of age? _____ Are you authorized to work in the US? _____

*Have you ever been convicted of a criminal offense? _____

If yes, please explain: _____

**Do not include convictions that have been annulled, erased, expunged, vacated, set aside, sealed by court or referred to a diversion program. Conviction of a crime will not necessarily disqualify you from employment. Factors such as age at the time of offense, seriousness of the offense, seriousness and nature of the violation and rehabilitation will be considered when making employment decisions.*

Professional Positions Only:

Please indicate professional memberships, certificates or licenses held. Exclude those indicating race, color, religion, sex, national origin, physical or mental disability, labor organization affiliations or other protected characteristics under federal, state or local law. Supplement this information by written attachment if applicable.

Special Licenses: _____ Issuing State: _____ License/Certificate #: _____

Has your license/certification ever been revoked or suspended? _____

If yes, please state date of revocation/suspension and date of reinstatement: _____

Please list volunteer experiences: _____





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Can you with reasonable accommodation, perform the essential functions of this position in which you are interested in? _____

How did you learn of FIC? _____

Section III - Educational Background & Military Service

Education	Name & Address of School	Course of Study	# of Years Attended	Diploma/Degree Received
High School				
College				
Graduate				
Technical/Business School				
Other				

Are you fluent in any languages? _____

If you have any additional educational, vocational, and/or professional information, such as special areas of research of study, training, seminars, etc. please indicate such information.

Military Service:

Were you in the Armed Forces? _____ Branch of Service: _____

Dates of Service: (Month/Year) _____ To: _____

List duties in Service, including special training: _____





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Section IV - Employment History

Start with your most recent employer first. Attach additional sheet if more space is required.

Current Employer: _____ Phone Number: _____

Address: _____

Dates Employed (Month/Year) _____ To: _____

Starting Salary: _____ Ending Salary: _____ Position Held: _____

Name & Title of Immediate Supervisor _____

List duties: _____

May we contact this employer? _____ Reason for leaving: _____

Name of Employer: _____ Phone Number: _____

Address: _____

Dates Employed (Month/Year) _____ To: _____

Starting Salary: _____ Ending Salary: _____ Position Held: _____

Name & Title of Immediate Supervisor _____

List duties: _____

May we contact this employer? _____ Reason for leaving: _____





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Name of Employer: _____ Phone Number: _____

Address: _____

Dates Employed (Month/Year) _____ To: _____

Starting Salary: _____ Ending Salary: _____ Position Held: _____

Name & Title of Immediate Supervisor _____

List duties: _____

May we contact this employer? _____ Reason for leaving: _____

Section V - References

Please provide the names, addresses and telephone numbers of three references who are not related to you.

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____





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Section VI - Acknowledgment & Signature

I certify that all the information submitted by me on this applications is true and complete, and I understand that any false information or omissions will lead to rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omissions are discovered.

I authorize investigation of all statements contained in this application, authorize Findlay Implement Company to secure information about my background and experience with former employers, education institutions and any relevant agencies, and authorize those parties to provide information to Findlay Implement Company about my background and experience, from any liability whatsoever arising there from.

I understand that Findlay Implement Company may require pre-employment skill and competency testing for applicable positions as part of its selection and hiring process.

My signature below certifies that I understand that if I am extended an offer of employment by Findlay Implement Company, my employment is contingent upon satisfactory completion of a medical examination, including a drug test, and submission of proof that I have the credentials and/or licenses (if relevant) necessary for the position that I am offered.

I understand that if I am employed, my employment with Findlay Implement Company may be terminated for any reason, with or without cause or notice, and at any time, by me or Findlay Implement Company. Nothing in this application or in any oral or written statement provided to me by Findlay Implement Company will limit these rights to terminate my employment at will and no one will have any authority to change this at-will relationship, unless such a change is in writing, signed by one of the owners.

I understand that this application is only valid for the position applied for at present and that Findlay Implement Company is not obligated to retain or consider this application for future openings.

Applicant Signature: _____ **Date:** _____

This application will only be considered for three months. If you have not been hired within three months of filling out this application and you wish to continue to be considered for employment, you must complete another application.

For Employment Department Use Only

Interviewer's Signature: _____ **Date:** _____

