

# FREE ENTERPRISES INC.

241 S. State Rd.  
Medina, Ohio 44256  
www.freeenterprisesinc.com

## AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Free Enterprises, Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, or handicap.

## APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

### PERSONAL DATA

First Name	Middle	Last	Telephone	
Present Address in Full	City	State	Zip	Email Address
Are you legally authorized to work in the US?	Visa type if applicable	Exp. Date		

### POSITION INFORMATION

Position Applied For: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Are you willing to work any shift, including nights and weekends? If not, please specify the **hours you are willing** to work. \_\_\_\_\_

How soon following notification can you start? \_\_\_\_\_

Are you willing to work at another location? \_\_\_\_\_

Have you ever been employed by the company? \_\_\_\_\_

If so, when? \_\_\_\_\_ where? \_\_\_\_\_ what position? \_\_\_\_\_

Have you ever previously applied for employment at the company? \_\_\_\_\_

If so, when? \_\_\_\_\_

Have you ever been interviewed by the company? \_\_\_\_\_

If so, when? \_\_\_\_\_

**EDUCATION**

Attended From – To	Graduated, GED?	Degree, Diploma, Cert.	Major
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Last High School attended

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College or University

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College or University

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Military Service – Include branch and years of service.

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Other technical or vocational training, scholarships, academic awards, etc.

**EMPLOYMENT HISTORY**

Starting with your present or most recent employer, list in consecutive order, ALL EMPLOYMENT and periods of unemployment for the last ten years. Please include additional employment that may be relevant to the position applied for.

**PREVIOUS EMPLOYER**

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Full name of company	Address
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Name & title of supervisor	Telephone	Salary
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Employment dates	Title of your position
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Reason for leaving

**PREVIOUS EMPLOYER**

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Full name of company	Address	
Name & title of supervisor	Telephone	Salary
Employment dates	Title of your position	
Reason for leaving		

**PREVIOUS EMPLOYER**

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Full name of company	Address	
Name & title of supervisor	Telephone	Salary
Employment dates	Title of your position	
Reason for leaving		

**MISCELLANEOUS INFORMATION**

Have you ever been suspended, placed on probation, asked to resign, or terminated? \_\_\_\_\_

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

Do you have a valid driver's license? \_\_\_\_ State \_\_\_\_ License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever been convicted of or sentenced for any violation of the law? \_\_\_\_\_

If yes, please give details. (Existence of a criminal record does NOT constitute an automatic bar to employment.) \_\_\_\_\_

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## APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I hereby affirm that by execution of the application, I acknowledge that the company has disclosed to me that an investigative consumer report, including information as to my character, general reputation, personal characteristics, and mode of living may be made, and that I, upon written request to the company made within a reasonable time after the date of this application may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I hereby authorize the company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as a reference above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in conjunction with this application or for the purpose of complying with surety company requirements or otherwise.

I hereby affirm that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the company and as often as directed during employment.

I hereby authorize the medical examiner to disclose to the company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I understand that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at any time, for any reason, by me or by the company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the President of the company has the authority to enter into any agreement for employment for a specific period of time or make any agreement contrary to this at will standard and that any such agreement must be in writing.

I understand that if I am employed, the terms and conditions of my employment will be governed by this application and the company's terms of employment and policy and procedures, as amended from time to time by the company.

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

Date: \_\_\_\_\_

Thank you for completing this application.

