

**Columbus** 1865 Leonard Avenue Columbus, Ohio 43219 Phone: 614-358-7800 Fax: 614-372-2972

**Delaware** 188 E. William Street Delaware, Ohio 43015 Phone: 740-595-4744 Fax: 614-372-2972 **Cincinnati** 2931 E. Kemper Road Sharonville, Ohio 45421 Phone: 513-276-4840 Fax: 614-372-2972 Cleveland 1100 Resource Drive Brooklyn Heights, Ohio 44131 Phone: 216-351-2030 Fax: 614-372-2972

## Hamilton Parker Company Employment Application

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or disability. All qualified applicants will be given equal opportunity and selection decisions are based on job-related factors.

Applicant Information								
Full Name:				Date:				
	Last	First	-	М.І.				
Address:								
	Street Address			Apartment/Uni	t#			
	City			State ZIP Code				
Phone:				Email:				
Date Available: Desired Salar		ed Salary:	\$	Desired Location:				
Position Appli	ed for:			Full Time: Part Ti	me: 🗌			
Are you legally eligible for employment in the U.S.?		YES ?	NO	Are you at least 18 years or older? (If no, you may be YES required to provide authorization to work)	NO			
Have you ever worked for Hamilton Parker?		YES	NO	If yes, when?				
Do you have any relatives or friends who work at Hamilton Parker?		YES	NO □	If yes, who?				

Education								
High School:		Address:						
From:	To:	Did you graduate?	YES	NO □	Diploma:			
College:		Address:						
From:	То:	Did you graduate?	YES	NO	Degree:			
Other:		Address:						

From:	То:	Did you graduate?	YES	NO	Degree:

Please list any other education, skills or training which you feel relate to the position(s) for which you are applying:

	Previ	ous Employment			
Company:				Phone:	
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From:	То:	Reason f	for Leaving:		
May we contact for a reference?		YES	NO		
				Phone:	
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From:	То:	Reason	for Leaving:		
May we contact for a reference?		YES			
Company:				Phone:	
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From:	To:	Reason	for Leaving:		
May we contact for a reference?		YES	NO		
Please list any other employment qu	alifications or service which	you feel relates to th	ne position(s)	for which you are applying:	

## **Professional References**

Please list three professional references.		
Full Name:	Relationship:	
Company:	Phone:	
Address:		
Email:		
Full Name:	Relationship:	
Company:	Phone:	
Address:		
Email:		
Evil Nemer	Deletionskin	
Full Name:		
Company:	Phone:	
Address:		
Email:		

## Disclaimer and Signature

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Hamilton Parker Company to verify their accuracy and to obtain reference information on my work performance. I hereby release Hamilton Parker Company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature:

Date: