

Columbus

1865 Leonard Avenue Columbus, Ohio 43219 Phone: 614-358-7800

Fax: 614-372-2972

188 E. William Street Delaware, Ohio 43015 Phone: 740-595-4744 Fax: 614-372-2972

Delaware

Cincinnati

3149 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.

		Aŗ	plicant	Informati	ion				
Full Name:							Date:		
	Last	First				M.I.			
Address:									
	Street Address						Apai	rtment/Unit #	
	City					State	ZIP (Code	
Phone:				Email:					
Date Available	e: C	esired Salary:	\$			Desired Locat	tion:		
Position Appli	ed for:					Full 1	Гіme: 🗌	Part Time	
Are you legall	y eligible for employment in the	YES U.S.?	NO			years or older? (If nauthorization to wo		be YES	NO
Have you eve	worked for Hamilton Parker?	YES	NO	If yes, whe	n?				
Do you have a Hamilton Park	rk at YES	NO	If yes, who	?					
			Edu	cation					
High School:			Addres	s:					
From:	To:	_ Did you	graduate	YES	NO	Diploma:			
College:			Addres	s:					
From:	To:	_ Did you	graduate	YES e?	NO	Degree:			
Other:			Addres	s:					

rom: T	To: Did y	ou graduate?] Deg	ree:	
lease list any other education	n, skills or training which yo	ou feel relate to the position	n(s) for which	you are applying:	
		Previous Employment			
Company:				Phone:	
Address:				Supervisor:	
ob Title:					
esponsibilities:					
rom:	To:	Reason	for Leaving:_		
May we contact for a reference	ce?	YES	NO		
Company:				Phone:	
address:				Supervisor:	
ob Title:					
esponsibilities:					
rom:	To:	Reason	for Leaving:_		
May we contact for a reference	ce?	YES 🗀	NO		
Company:				Phone:	
ddress:				Supervisor:	
ob Title:					
esponsibilities:					
rom:	To:	Reason	for Leaving:_		
May we contact for a reference	ce?	YES 🗀	NO		

NO

YES

	Professional References
Please list three profe	ssional references.
Full Name:	Relationship:
Company:	Phone:
Address:	
Email:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Email:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Email:	
	Disclaimer and Signature
authorize Hamilton Par release Hamilton Park having an employmen of facts called for on to extended to me and a further understand that deemed to constitute	e facts set forth in the above employment application are true and complete to the best of my knowledge and arker Company to verify their accuracy and to obtain reference information on my work performance. I hereby their Company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and at decision based on such information. I understand that, if employed, falsified statements of any kind or omissions his application shall be considered sufficient basis for dismissal. I understand that should an employment offer be accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I neither the policies, rules, regulations of employment nor anything said during the interview process shall be the terms of an implied employment contract. I understand that any employment offered is at will and that either I or minate my employment at any time with or without notice or cause.

Date:_

Signature: