**EMPLOYMENT APPLICATION**

*Equal Opportunity Employer*

**Position Desired**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date Applied**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To ensure you are able to perform the duties of the job you are applying, please ask for a job description**

**APPLICATION INFORMATION**

**Last Name First M. SSN** (required)

**Date of Birth** (required)

**Have you ever worked under a different name?**

**Are you legally eligible for employment in the United States**?

**Street Address**

**City State Zip Code**

**Primary phone** **Home or Cell**

**Additional phone Home or Cell**

**Email**

**How did you hear about WLLC?**

**Availability** (please circle)**: MON, TUES, WED, TH, FRI, SAT Desired Weekly Hours:**

**Are you 18 years or older? Date available to start?**

**Do you have a reliable method of getting to work?**

**Are you interested in transporting individuals to/from the job site? If yes, please provide DL info**

**DL#: State? Exp?**

**Are you able to provide proof of vehicle insurance?**

**BY OHIO LAW, ALL EMPLOYMENT AT WLLC IS CONTINGENT UPON A SATISFACTORY CRIMINAL BACKGROUND CHECK. THIS BACKGROUND CHECK INCLUDES YOUR FINGERPRINTS BEING SUBMITTED TO THE OHIO BUREAU OF CRIMINAL INVESTIGATION AND THE FEDERAL BUREAU OF INVESTIGATION FOR REVIEW. IF THE POSITION YOU ARE APPLYING FOR INCLUDES DRIVING AGENCY VEHICLES OR TRANSPORTING TRAINEES IN YOUR PERSONAL VEHICLE, YOUR EMPLOYMENT MAY BE CONTINGENT ON A MOTOR VEHICLE RECORD THAT IS ACCEPTABLE TO OUR INSURANCE COMPANY. EMPLOYMENT IS ALSO CONTINGENT UPON SUCCESSFULLY PASSING A DRUG/ALCOHOL TEST AND REFUSAL TO TAKE SUCH TESTS WILL DISQUALIFY YOU FOR EMPLOYMENT AND/OR RESULT IN YOUR DISCHARGE IF HIRED.**

**REFERENCES** (please include at least **one** professional reference)

**In accordance with Ohio Administrative Code 5123:2-2-02, (14) (1b), WLLC will attempt to obtain a reference from your references**

**NAME Association to you?**

**Company Name**

**Years Known Phone / Email:**

**NAME Association to you?**

**Company Name**

**Years Known Phone / Email:**

**NAME Association to you?**

**Company Name**

**Years Known Phone / Email:**

**EDUCATION AND TRAINING**

**High School Name & Location:**

**Did you graduate? Yes / No GED Obtained? Yes / No**

**Business / Technical School:** (Name, City, State)

**Years Completed? Degree Earned?**

**Undergraduate College:** (Name, City, State)

**Years Completed? Honors/Degree/Specialty/ Course of Study:**

**Graduate or Trade School:** (Name, City, State)

**Years Completed? Degree Earned?**

**EMPLOYMENT** (begin with most recent employer and do not substitute “see resume” in this section)

**Company Phone**

**Street Address**

**City State Zip**

**Job Title Supervisors Name**

**Responsibilities**

**Reason for Leaving**

**Dates Employed: From to Rate of Pay:**

**In accordance with Ohio Administrative Code 5123:2-2-02, (14) (1a), WLLC will attempt to obtain a reference from this employer**

**PREVIOUS EMPLOYMENT CONTINUED**

**Company Phone**

**Street Address**

**City State Zip**

**Job Title Supervisors Name**

**Responsibilities**

**Reason for Leaving**

**Dates Employed: From to Rate of Pay:**

**In accordance with Ohio Administrative Code 5123:2-2-02, (14) (1a), WLLC will attempt to obtain a reference from this employer**

**Company Phone**

**Street Address**

**City State Zip**

**Job Title Supervisors Name**

**Responsibilities**

**Reason for Leaving**

**Dates Employed: From to Rate of Pay:**

**In accordance with Ohio Administrative Code 5123:2-2-02, (14)(1a), WLLC will attempt to obtain a reference from this employer**

**SKILLS AND EXPERIENCES**

**Please use this space to list any special skills, or volunteer experiences that may relate to the position for which you are applying:**

**If you have a gap in your work history, please explain this gap below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

**Authority to Release Information**

Having made an application with ***Whole Latte Love Café, Inc***., and desiring that they be informed of my personal record pertinent to their investigation, I hereby authorize ***Whole Latte Love Café, Inc***., members of their administrative staff or their Board of Directors, to investigate my background, and fingerprint me to obtain all records which may be of interest to them.

I understand that investigative background inquiries may be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my general reputation, character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that ***Whole Latte Love Café, Inc.*** will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my references, driving credit, criminal and court records, education, concerns associated with the global terrorist watch list, and other experiences.

I understand that I will be required to take and successfully pass a drug/alcohol test as a condition of employment and that refusal to take such tests will disqualify me for employment. This authorization to furnish information is executed in consideration of my possible employment, and if employed, for the duration of my employment (including contract services), with ***Whole Latte Love Café, Inc.*** and shall serve as a release of all liability to all parties furnishing such information to ***Whole Latte Love Café, Inc***. and their authorized agents.

A photocopy of this release shall be considered as effective and binding as the original hand executed copy. I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last four (4) digits of SSN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Street Address (incl. Apt. #) City State Zip