

COMTEX

Central Ohio Medical Textiles

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INT.	SOCIAL SECURITY NUMBER
STREET ADDRESS		APT NO.	CITY	STATE	ZIP CODE
HOME PHONE NUMBER (+ area code)	DAYTIME PHONE NUMBER (+ area code)		POSITION(S) DESIRED		
SALARY EXPECTED / hr	HAVE YOU WORKED FOR COMTEX BEFORE? (Circle One) YES / NO If yes, when?				
TYPE OF EMPLOYMENT DESIRED: (Check One)					
Permanent, Full Time _____		Temporary, Full Time _____		On Call _____	
Permanent, Part Time _____		Temporary, Part Time _____		Summer Only _____	
HAVE YOU BEEN CONVICTED OF ANY VIOLATION OF LAW BY CIVILIAN OR MILITARY COURT OTHER THAN FOR A MINOR TRAFFIC OFFENSE? (Circle One) YES / NO If yes, please explain _____			ARE YOU [LEAGALLY] ABLE TO WORK IN THE UNITED STATES OF AMERICA? (Circle One) (Proof of US Citizenship or immigration status will be required upon employment) YES / NO If no, please explain _____		

EDUCATION

SCHOOL NAME (Secondary 9-12)	LOCATION	DATE ATTENDED From: To:	DIPLOMA / CERTIFICATE
SCHOOL NAME (College)	LOCATION	DATE ATTENDED From: To:	DIPLOMA / CERTIFICATE
OTHER TRAINING	LOCATION	DATE ATTENDED From: To:	DIPLOMA / CERTIFICATE

PROFESSIONAL LICENSURE

LIST ALL CERTIFICATIONS, REGISTRATIONS OR LICENSES AS REQUIRED	LICENSE NUMBER/EXPERATION DATE/STATE OF ISSUE License Number: _____ State of Issue: _____ Exp. Date: _____
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MISCELLANEOUS

HOW DID YOU HEAR ABOUT US? (Check One) Newspaper _____ Website _____ Open House _____ Job Fair _____ First Source _____ Referral by Current Employee (list name) _____

COMTEX is an Equal Opportunity Employer

EMPLOYMENT

(Please list all former employers)

NAME OF EMPLOYER	FROM MM/YY	TO MM/YY	SUPERVISOR NAME	LAST SALARY
STREET ADDRESS	CITY, STATE, ZIP		PHONE NUMBER (+ area code)	MAY WE CONTACT REASON FOR LEAVING YES / NO
JOB TITLE & DUTIES			NAME WHEN EMPLOYED	

NAME OF EMPLOYER	FROM MM/YY	TO MM/YY	SUPERVISOR NAME	LAST SALARY
STREET ADDRESS	CITY, STATE, ZIP		PHONE NUMBER (+ area code)	MAY WE CONTACT REASON FOR LEAVING YES / NO
JOB TITLE & DUTIES			NAME WHEN EMPLOYED	

NAME OF EMPLOYER	FROM MM/YY	TO MM/YY	SUPERVISOR NAME	LAST SALARY
STREET ADDRESS	CITY, STATE, ZIP		PHONE NUMBER (+area code)	MAY WE CONTACT REASON FOR LEAVING YES / NO
JOB TITLE & DUTIES			NAME WHEN EMPLOYED	

Do we have permission to obtain reference checks on your previous employment and background history?
YES / NO (Circle one)

Do you understand and agree with the COMTEX policy that may require you to undergo drug and alcohol testing in order to maintain a safe work environment? YES / NO (Circle one)

I attest under penalty of perjury that the information given on this application is correct to the best of my knowledge and understand that providing false information is grounds for dismissal. I understand that if hired I will be a "terminable-at-will" employee, and that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I further understand that no human resource recruiter or interviewer or other representative of COMTEX has any authority to enter into any agreement contrary to the foregoing or for employment for any specified period of time.

I give COMTEX the right to investigate all references and to secure additional information about me, if job related, and so long as I have not indicated otherwise in the spaces provided above. I hereby release from liability COMTEX and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that this application is good only for ninety (90) days from today's date. If I still desire a position at COMTEX when this application expires, it will be my duty to fill out a new application and file it with COMTEX. Otherwise, COMTEX will not consider me for employment after this application expires. I further agree to submit to alcohol or drug screening tests, where and whenever legal, if requested of me at any time prior to or during my employment.

SIGNATURE _____ DATE _____