

REASON FOR

Euclid Heat Treating Co. 1408 E. 222nd St. Cleveland, Ohio 44117 Phone: (216) 481-8444, 800-962-2909

Fax: (216) 481-3473

APPLICATIO	N FOR EMPI	LOYMENT			DATE:	. 9
PLEASE PRINT						
		d employment is availal nould notify a represent			quiring reasonable accomment.	nodation to the
Name						
Name:	LAST	F	RST		MIDDLE	
Address: _	CEDEFE	1. C. Tark	CITY	. 8	TATE ZIP COD	TP.
Telephone #	STREET ()	Other	# (<u>)</u>		Social Security #	
Position(s) applied	d for: Production	n	□ Office	☐ Shipping & Re	ceiving Driver	
How did you hear	about this job?	l Newspaper □ S	ign □ Walk-i	n 🗆 Friend		att. Ta iquied
Have you ever bee	en employed here l	before? If y	es, give dates and			
					dance requirement of the	
					nesty or violence?	
						11 - 2 L
ANSWERING "YES"	TO THESE QUESTIC		TUTE AN AUTOMA	TIC BAR TO EMPLO	YMENT. FACTORS SUCH A ED FOR WILL BE TAKEN II	
EMPLOYMEN	NT HISTORY	e e e e e e e e e e e e e e e e e e e			. en 1. April - Ville Ville Ville	et e
Provide the following	information of your pa	st three (3) employers, assi	gnments, or volunteer	activities, starting with	the most recent.	
FROM	TO	EMPLOYER	S	,		NUMBER
JOB TITLE	4	ADDRESS	and, in the			
SUPERVISOR'S	= 2/1 i = - g -	All the second second second second	NATURE OF WOR		1 1 7 - 6 - 7 - 7 - 7	a
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LEAVING		AND SALARY	START \$	PER	FINAL \$	PER
FROM	TO	EMPLOYER			PHONE	NUMBER
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SUPERVISOR'S			NATURE OF WOR		Calle, D71	
NAME MAY WE CONTACT	,	PERFORMED ANI	O JOB RESPOSIBILI	TIES:		
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NAME MAY WE CONTACT	,	PERFORMED ANI	O JOB RESPOSIBILI	TIES:		
FOR REFERNECE?						

FINAL \$

PFR

HOURLY RATE

AND CALARY

STABL €

PFR

SKILLS AND QUALIF position for which you are apply		and training and	or certificates that m	nay qualify you as be	eing able to per	form job-related functions in the
EDUCATIONAL BACK	KGROUND					
NAME AND LOCATION			O. OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL			COMPLETED			
COLLEGE						
OTHER						
MILITARY				SAL	ARY	REASON FOR
BRANCH	RANK		DUTIES	FROM TO		CHANGE IN RANK
DEDGOMAL DEEDDEM	CIPO					
PERSONAL REFERENCES NAME ADD		ADDRESS		RELATIONSHIP		PHONE
9 X						
A NOTE CAN AL DED COALS	ATTENDA OF A		DIGITIDE DI			
LIST ONLY PERSONS V	WE MAY CONTACT (I	BE SURE IC	INCLUDE PH	ONE NUMBER	.)	
by me that is found to be false, in	complete, or misrepresented i	in any respect, w				understand that any information provided n of this application, or (2) immediately
discharge me from the employer. I expressly authorize, without res			inlovees or agents to	contact and obtain	information fro	m all references (personal and
professional), employers, public	agencies, licensing authorities by waive any and all rights and	, and educationa I claims I may h	al institutions and to ave regarding the em	verify the accuracy of aployer, its agents, e	of all information of remployees, or re	on provided by me in this application, presentatives, for seeking, gathering, and
I understand that the employer defrom consideration for employment				this application is u	sed for the purp	oose of limiting or excusing any applicant
any time, with or without cause a	and without prior notice, excepturation. I understand that no s	ot as may be required to the second of the s	uired by law. This a resentative of the em	pplication does not on ployer is authorized	constitute an agr to make any as	es the right to terminate my employment a reement or contract for employment for ssurances to the contrary and that no mployer's president.
I also understand that if I am hire complete an I-9 Form in the rega		e proof of identi	ty and legal authorit	y to work in the Uni	ted Stated and t	hat federal immigration laws require me t
DRUG TESTING IS	MANDATORY					
DO NOT SIGN UNTIL						
Signature of Applicant			Dat	te		
		DO NOT V	WRITE BELOW T	HIS LINE -		
INTERVIEWS						
INTERVIEWER	DATE			C	OMMENTS	