

**H-P PRODUCTS, INC.**  
**APPLICATION FOR EMPLOYMENT**

512 W. Gorgas Street  
Louisville, Ohio 44641-0912  
330/875-5556 Fax 330/875-7155  
[www.h-pproducts.com](http://www.h-pproducts.com)

The Civil Rights Act of 1964 prohibits discrimination of employment because of race, color, religion, sex or national origin. State, federal and local laws prohibit discrimination on the basis of age or disability. Applicants are not required to give any information on this form that is prohibited by federal, state or local law.

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

ADDRESS \_\_\_\_\_

TELEPHONE NO. (HOME): \_\_\_\_\_ (CELL): \_\_\_\_\_

HOW DID YOU LEARN OF OPENING? \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES?  Yes  No

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?  Yes  No

**NOTE: A PHYSICAL EXAMINATION MAY BE REQUIRED BEFORE COMMENCEMENT OF JOB PERFORMANCE AFTER AN OFFER OF EMPLOYMENT HAS BEEN MADE.**

**SUBSTANCE ABUSE SCREENING IS REQUIRED AS A CONDITION OF EMPLOYMENT.**

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes IF YES, DESCRIBE IN FULL: \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: NAME \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ ADDRESS \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL: NUMBER OF YEARS COMPLETED:  1  2  3  4  
DID YOU GRADUATE?  YES  NO

NAME OF SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

COLLEGE: NUMBER OF YEARS COMPLETED:  1  2  3  4  5  6  7  8  
DID YOU GRADUATE?  YES  NO

NAME OF SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_

DEGREE ATTAINED \_\_\_\_\_

LIST OTHER DEGREES AND TRAINING (EDUCATIONAL AND ON-THE-JOB) \_\_\_\_\_

**MILITARY SERVICE**

IF YOU SERVED IN THE U.S. ARMED FORCES, DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING: \_\_\_\_\_

## WORK EXPERIENCE

Last or present employer:	Next to last employer:	Employer before that:
Address:	Address:	Address:
Kind of business:	Kind of business:	Kind of business:
Your job:	Your job:	Your job:
Your supervisor's name:	Your supervisor's name:	Your supervisor's name:
Title:	Title:	Title:
When did you start?	When did you start?	When did you start?
When did you leave?	When did you leave?	When did you leave?
Your starting rate \$            per	Your starting rate \$            per	Your starting rate \$            per
Your leaving rate \$            per	Your leaving rate \$            per	Your leaving rate \$            per
Why did you leave this employer? <input type="checkbox"/> Termination <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation <input type="checkbox"/> Other Explain _____ _____	Why did you leave this employer? <input type="checkbox"/> Termination <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation <input type="checkbox"/> Other Explain _____ _____	Why did you leave this employer? <input type="checkbox"/> Termination <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation <input type="checkbox"/> Other Explain _____ _____

If still employed, why do you want to make a change? \_\_\_\_\_

\_\_\_\_\_

### APPLICATION FOR EMPLOYMENT AND AGREEMENT OF EMPLOYMENT

I agree to comply with all the rules of this company. I hereby affirm and declare that all the forgoing statements are true and correct, and that I have not knowingly withheld any fact that would, if disclosed, affect my application unfavorably, and hereby authorize the company to conduct any investigation it deems necessary on this application. I also hereby authorize this company to release such information together with their opinions. I authorize my former and present employers and personal references to give any information they may have concerning my character and employment record. It is understood that false statements on this application may be considered as sufficient cause for rejection of this application, or dismissal, if already employed by this company.

I hereby agree, as part of my conditions of employment, not to make any assignment of any wages or salary due me, and this company shall not be bound to honor any such assignment. This application is not an acceptance and does not imply an offer of a job or contract of any kind.

I understand that my employment may be terminated by the company, with or without cause, and with or without notice, at any time. I understand that if I am hired into or transferred to a position created by leave of absence granted an employee, in accordance with the several statutes governing re-employment rights of employees, including military service, and the employee on leave of absence returns to work, I can be transferred, reclassified, or released according to the conditions at the time the regular employee returns.

DATE \_\_\_\_\_

(APPLICANT SIGN FULL NAME TO APPLICATION AND AGREEMENT ABOVE)