



# Employment Application

**Please Print**

Name: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Address:

Street	City	State	Zip
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Position applying for: \_\_\_\_\_ Location(s) applying for: \_\_\_\_\_

What is your availability? \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

### Personal Information

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes \_\_\_ No \_\_\_

If no, describe the functions that cannot be performed:  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: We comply with the ADA and will make reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential functions of the job, unless to do so would create an undue hardship.)*

Are you at least 18 years old? Yes \_\_\_ No \_\_\_  
*(If under 18, hire is subject to verification that you are of minimum legal age or have a work permit.)*

Are you legally eligible for employment in this country? Yes \_\_\_ No \_\_\_

**I understand that if I am hired, I will be required within three days to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. \_\_\_\_\_ (Initial)**

**I understand that Max & Erma's ensures equal employment opportunity for all qualified persons regardless of national origin/ancestry, age, race, color, creed, sex, gender identity, religion, marital status, military or veteran status, sexual orientation, pregnancy, genetic information, medical condition (including but not limited to cancer and genetic characteristics), physical or mental disability or any other status protected by local, state or federal law. \_\_\_\_\_ (Initial)**

Will you travel if job requires it? Yes \_\_ No \_\_

Would you be available to work overtime, if necessary? Yes \_\_ No \_\_

Are you currently employed? Yes \_\_ No \_\_

If so, may we contact your current employer? Yes \_\_ No \_\_

Were you referred to Max & Erma's by someone? Yes \_\_ No \_\_

If yes, by whom: \_\_\_\_\_

Have you ever applied to or worked for Max & Erma's before? Yes \_\_ No \_\_

If yes, when and what location? \_\_\_\_\_

The information requested below is necessary for the specific position for which you are applying. A "yes" answer will not necessarily disqualify you from the position. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered. Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

**\*Ohio applicants:** Do not report any arrest or conviction for a minor misdemeanor drug violation as defined under Ohio Rev. Code 2925.11.

Yes\_\_ No \_\_

If yes, state the nature of the crime(s), when and where convicted, disposition of the case and any additional information you believe to be relevant.

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

**Education, Training and Experience**

	School Name and Address	No. of Years Completed	Did You Graduate?	Diploma, Degree or Certificate
<b>High School</b>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<b>College/ University</b>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<b>Vocational/ Business</b>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

List special accomplishments, awards etc. Please include only membership in job-related professional organizations.

\_\_\_\_\_

Do you have any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying?

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

## Employment History

List below your last three employers starting with your most recent. Account for all periods of unemployment. You must complete this section even if attaching a resume. Please do not write: "See Resume."

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED From To	Summarize the Type of Work Performed and Responsibilities:
ADDRESS			
JOB TITLE Starting: Final:		HOURLY RATE OR SALARY	
IMMEDIATE SUPERVISOR AND TITLE		Starting: \$ per	
REASON FOR LEAVING		Last Bonus/Other Pay	
MAY WE CONTACT FOR REFERENCES? YES _ NO _		Final: \$ per	
EMPLOYER	TELEPHONE ( )	DATES EMPLOYED From To	Summarize the Type of Work Performed and Responsibilities:
ADDRESS			
JOB TITLE Starting: Final:		HOURLY RATE OR SALARY	
IMMEDIATE SUPERVISOR AND TITLE		Starting: \$ per	
REASON FOR LEAVING		Last Bonus/Other Pay	
MAY WE CONTACT FOR REFERENCES? YES _ NO _		Final: \$ per	
EMPLOYER	TELEPHONE ( )	DATES EMPLOYED From To	Summarize the Type of Work Performed and Responsibilities:
ADDRESS			
JOB TITLE Starting: Final:		HOURLY RATE OR SALARY	
IMMEDIATE SUPERVISOR AND TITLE		Starting: \$ per	
REASON FOR LEAVING		Last Bonus/Other Pay	
MAY WE CONTACT FOR REFERENCES? YES _ NO _		Final: \$ per	

Explain any gaps in your employment history that extend beyond 60 days:

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**REFERENCES:**

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Telephone Number	Address	Occupation	No. Years Acquainted

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before or after discovery.

\_\_\_\_\_ I hereby authorize Max & Erma's to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Max & Erma's any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Max & Erma's, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during the interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Max & Erma's. I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with or without cause or prior notice, at the option of either myself or Max & Erma's, and that no promises or representations contrary to the foregoing are binding on Max & Erma's unless made in writing, specifically described as an "employment contract" or "employment agreement" and signed by me and the authorized representative for Max & Erma's.

\_\_\_\_\_ I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard within 72 hours of my date of hire and can be subject to withdrawal of employment offer if I do not provide said proof of identity and legal authority to work in the United States. Max & Erma's is an E-Verify employer.

\_\_\_\_\_ I am aware that Max & Erma's does not discriminate any qualified applicant for employment on the basis of national origin/ancestry, age, race, color, creed, sex, gender identity, religion, marital status, military or veteran status, sexual orientation, pregnancy, genetic information, medical condition (including but not limited to cancer and genetic characteristics), physical or mental disability or any other status protected by local, state or federal law.

Date of Application: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_