

| Cation (Check all that apply) |
|-------------------------------|
| ☐Plain City |
| Columbus |
| |
| |
| |
| |

| Utilei | | | | | | | | | | | | | | | | | |
|-------------------------------------------|-----------------|------------|-------------|-------------|--------------|------|--------|-----------------|--------------|---------|---------|---------|-----------|-------|--------|-----|------|
| APPLICANT INFORMATION | | | | | | | | | | | | | | | | | |
| Last Nam | e | | | | | | First | | | | | | M.I. | | Date | | |
| Street Ad | Street Address | | | | | | | Apartmen | | | | | | | Jnit # | | |
| City | | | | | | | State | | | | | | | | | | |
| Phone | | | | | | | E-mail | Addı | Address | | | | | | | | |
| | | | | | Social Se | curi | ty No. | | | | | Des | sired Sal | ary | | | |
| Why do y | ou thin | ık you w | ould be a g | ood fit wit | h Bluescreek | ? | | | | | | | | | | | |
| Are you a | citizer | n of the U | Jnited Stat | es? | YES | NC | | If r | no, are | you au | thorize | d to wo | rk in the | U.S.? | YE | s 🗌 | NO 🗌 |
| | | | | YES | NC | | If s | If so, when? | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | YES | NC | | If y | If yes, explain | | | | | | | | | |
| Do you smoke? | | | YES | NC | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| EDUCAT | TON | | | | | | | | | | | | | | | | |
| High Sch | ool | | | | | Ad | dress | | | | | | | | | | |
| From | To Did you grad | | | graduate? | YES | | NC | NO Degree | | | | | | | | | |
| College | | | | | | Ad | dress | | | | | | | | | | |
| From | | То | | Did you | graduate? | YE | s 🗌 | NC |) 🗌 | Deg | ree | | | | | | |
| Other | | Address | | | | | | | | | | | | | | | |
| From | | То | | Did you | graduate? | YE | s 🗌 | NC | | Deg | ree | | | | | | |
| | | ' | | | | | | | | | | | | | | | |
| REFERE | NCES | | | | | | | | | | | | | | | | |
| Please lis | t three | professi | onal refere | ences. | | | | | | | | | | | | | |
| Full Name | e | | | | | | | | R | elation | ship | | | | | | |
| Company | , | | | | | | | | Pl | none | | | | | | | |
| Address | | | | | | | | | | | | | | | | | |
| Full Name | e | | | | | | | | R | elation | ship | | | | | | |
| Company | | | | | | | | Pl | none | | | | | | | | |
| Address | | | | | | | | | ' | | | | | | | | |
| Full Name | e | Re | | | | | | | Relationship | | | | | | | | |
| Company | | | | | | | | Pl | none | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | |

| PREVIOUS E | MPLOYMENT | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|--------------------|----|------|------------------|----|----|--|--|
| Company | | | Phone | | | | | | | |
| Address | | | Supervisor | | | | | | | |
| Job Title | | | Starting Salary | \$ | | Ending Salary | | \$ | | |
| Responsibilitie | es | | | | | | | | | |
| From | То | Reason for Leavir | ng | | | | | | | |
| May we contac | ct your previous sup | ervisor for a referer | NO 🗌 | | | | | | | |
| Company | | Phone | | | | | | | | |
| Address | | | Supervisor | | | | | | | |
| Job Title | ob Title | | | \$ | | Ending Salary | | \$ | | |
| Responsibilitie | es | | <u> </u> | | | | | | | |
| From | m To Reason for Leaving | | | | | | | | | |
| May we contact your previous supervisor for a reference? YES NO | | | | | | | | | | |
| Company | | | Phone | | | | | | | |
| Address | | | Supervisor | | | | | | | |
| | | | Starting Salary | \$ | | Ending Salary | | \$ | | |
| Responsibilitie | es | | | | | | | | | |
| From | То | Reason for Leavir | ng | | | | | | | |
| May we contact your previous supervisor for a reference? YES NO | | | | | | | | | | |
| | | | | | | | | | | |
| MILITARY SI | ERVICE | | | | | | | | | |
| Branch | | | | | From | | То | | | |
| Rank at Discha | arge | | Type of Discharge | | | | | | | |
| If other than honorable, explain | | | | | | | | | | |
| DISCI AIMER | R AND SIGNATURE | , | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | | | | | | | | |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | | | | | | | | |
| Signature | Signature Date | | | | | | | | | |