

# Application for Employment

## The Alpha Group of Delaware, Inc

1000 Alpha Drive, Delaware, OH 43015, 740-368-5810

AN EQUAL OPPORTUNITY EMPLOYER

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle

Address \_\_\_\_\_  

Street
City
State
Zip Code

Telephone # \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Have you lived in the state of Ohio for the past 5 years?  Yes  No

How did you hear about us? \_\_\_\_\_

Are you over the age of 18?  Yes  No

Have you previously been employed with The Alpha Group of Delaware?  Yes  No If yes, give dates and positions: \_\_\_\_\_

Are you currently legally eligible under United States law to be employed by The Alpha Group of Delaware?  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \$\_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal

**Work Experience - List previous employment experience beginning with the most recent or present employer.**

Employer	Telephone #	Address	City	State	Zip Code
Starting job title / final job title		Last Supervisor Title		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates: _____ to _____		Compensation (Starting) \$ _____ per _____		Compensation (Final) \$ _____ per _____	
Why did you leave?					
Please summarize the type of work performed and job responsibilities:					
Employer	Telephone #	Address	City	State	Zip Code
Starting job title / final job title		Last Supervisor Title		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates: _____ to _____		Compensation (Starting) \$ _____ per _____		Compensation (Final) \$ _____ per _____	
Why did you leave?					
Please summarize the type of work performed and job responsibilities:					
Employer	Telephone #	Address	City	State	Zip Code
Starting job title / final job title		Last Supervisor Title		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates: _____ to _____		Compensation (Starting) \$ _____ per _____		Compensation (Final) \$ _____ per _____	
Why did you leave?					
Please summarize the type of work performed and job responsibilities:					

**Educational Background** - List your educational background beginning with the most recent or present educational institution.

Institution (include City & State)	# of Years Completed	Completed	GPA/Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**Skills / Training** - Summarize any special training, skills, licenses and / or certificates that may assist you in performing the position for which you are applying: \_\_\_\_\_

**Driver License** - Check appropriate boxes and include software titles and years of experience.

Do you have a valid Ohio driver license?  Yes  No    Do you have a CDL?  Yes  No  
 Have you had your driver license revoked or suspended in the last 7 years?  Yes  No  
 Do you have vehicle insurance coverage that is at least 100/300/100?  Yes  No

**Professional References** – This section must be completed in order for a job offer to be made.

Name	Relationship	Email	Telephone	Number of Years Known

**APPLICANT AUTHORIZATION**

I certify that my answers are true, complete, and accurate to the best of my knowledge. I also understand that if I am hired, I will be required to complete an employment eligibility verification form (I-9 Form) to establish my identity and legal authorization to work in the United States of America, in accordance with federal immigration law.

I authorize investigation of all statements contained in this application. I authorize The Alpha Group of Delaware and its representatives to contact and obtain information from any references, employers, educational institutions, and public entities in order to verify the accuracy of any information provided in my application and / or interview(s). I hereby waive any and all rights and / or claims I may have regarding The Alpha Group of Delaware and its representatives, for legally seeking, collecting, and using truthful and non-defamatory information in the employment process, and all other persons and organizations from any and all liability for any damages that may result from the release of such information.

If I am hired, I understand that my employment will be at-will, which means I may be terminated at any time and for any reason, with or without advance notice. I am also free to resign at any time. No supervisor, manager, or representative of The Alpha Group of Delaware has authority to enter into any agreement with me for employment for any specific period of time or to alter my at-will status, except The Alpha Group of Delaware Chief Executive Officer (CEO), who may do so in writing in a document that is signed by both me and The Alpha Group of Delaware's CEO. I understand that this employment application and any other company documents are not contracts of employment.

The Alpha Group of Delaware provides equal opportunity in all of its employment practices to all qualified employees and applicants without regard to race, color, religion, gender, national origin, ancestry, age, disability, military status or any other category protected by applicable federal, state and local laws.

I understand that this application remains current for only 6 months. After 6 months, if I have not heard from The Alpha Group of Delaware and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

By signing this document, I authorize for The Alpha Group of Delaware to run a criminal background check and driver abstract on me. I agree that if an employment offer is extended to me and I accept the offer, I will fully adhere to the policies, rules and regulations of employment of The Alpha Group of Delaware. I understand that any false or misleading information given in my application or interview(s) may result in elimination from further consideration for employment or, in the event I become employed by The Alpha Group of Delaware, immediate termination of employment.

**SIGN ONLY AFTER YOU HAVE READ AND UNDERSTOOD THE ABOVE APPLICANT AUTHORIZATION**

I agree that I have read, understand, and willingly accept all terms and conditions of this Applicant Authorization.

By typing my name below I agree the information above is true and accurate and I intend to submit my application to The Alpha Group.

Sign Name \_\_\_\_\_

Date \_\_\_\_\_

**Please email completed form to [hr@alphagroup.net](mailto:hr@alphagroup.net)**