

	CONTACT IN	FORMATION	
FULL NAME	EMAIL ADDRESS	STREET ADDRESS 1	STREET ADDRESS 2
CITY	STATE	ZIP	PHONE
FACEBOOK URL	TWITTER URL	OTHER URL	OTHER URL
PACEBOOK UKL	IWITER ORL	OTHER ORL	OTHER ORL
	PERSONAL IN	IFORMATION	
ARE YOU LEGALLY ELIGIBLE TO B	SE EMPLOYED IN THE UNITED STATES? (P		EQUIRED UPON EMPLOYMENT):
	YES	NO	
ARE YOU AT LEAST	18 YEARS OR OLDER? (IF NO, YOU MA	Y BE REQUIRED TO PROVIDE AUTHORIZ	ATION TO WORK):
	YES	NO	
	ED OF A FELONY OR A MISDEMEANOR CONVICTION WILL NOT NECESSARILY F		
Α)	YES TE	NO) ;
	IES	140	
L			
	IF YES, PLEA	SE EXPLAIN	
	HAVE YOU EVER WORKED FO	OR THIS COMPANY BEFORE?	
	YES	NO	
		_	
	IF YES, PLEASE PROVIDE DETAILS	6 (WHERE / WHEN / JOB TITLE):	
CAN YOU PERFORM ALL FUNCT	IONS OF THE JOB FOR WHICH YOU AR	E APPLYING, WITH OR WITHOUT A REAS	SONABLE ACCOMMODATION?:
	YES	NO	



	EMPLOYME	NT DESIRED	
TY	PE OF EMPLOYMENT DESIR	ED (CHOOSE ALL THAT	r apply)
			SEASONAL
	WHEN ARE YOU AV	AILABLE TO START?	
	ARE YOU CURRE	NTLY EMPLOYED?	
	YES	NO	
ı	F YES, MAY WE CONTACT Y	OUR CURRENT EMPLO	DYER?
	YES	NO	
IF PRESENTLY	EMPLOYED, WHAT IS THE RE	ASON YOU ARE CONS	SIDERING LEAVING?
	FDUC	ATION	
		OR	
			CHNICAL SCHOOLS YOU HAVE ATTENDED.
SCHOOL NAME	DEGREE / CERTII	FICATE RECEIVE	D AREA OF STUDY / MAJOR
	•		
	SPECIAL COURSE	S OR SEMINAR	S?
IF YOU HAVE COMPLETED ANY COU	IRSES, SEMINARS, OR EVENT	'S THAT WOULD HELP Y	YOU PERFORM THIS POSITION, DESCRIBE:
	SPECIAL	SKILLS?	

EMPLOYMENT APPLICATION



PUREMERCH 4930 CHIPPEWA ROAD - UNIT A MEDINA, OH 44256

	EMPLOYMENT HISTORY	
GIVE YOUR FULL EMPLOY	MENT RECORD, STARTING WITH YOUR CURRENT OR MC	ST RECENT EMPLOYMENT.
COMPANY NAME	COMPANY ADDRESS	SUPERVISOR'S NAME
DATES OF EMPLOYMENT	COMPANY PHONE NUMBER	REASON FOR LEAVING
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DATES OF EMPLOYMENT	COMPANY PHONE NUMBER	REASON FOR LEAVING
	REFERENCES	
	PLEASE PROVIDE THREE REFERENCES (NOT RELATIVES).	
NAME	RELATIONSHIP	PHONE NUMBER
	AUTHORIZATION	

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the company to hire me. If I am hired, I understand that either the company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the company has the authority to make any assurance to the contrary.

application shall be considered sufficient cause for immediate discharge. I hereby authorize investigation of all statements contained herein and employers listed above to give you any and all information concerning my employment, and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same.

I understand that I am required to abide by all rules and regulations of the company.

SIGNATURE DATE