

Mail to:
JB GREEN TEAM
125 Technology Way, Steubenville, OH 43953
(740) 266-6899

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please type or print responses to all of the questions contained on the entire application form.

POSITION SOUGHT: _____

LAST NAME: _____ FIRST NAME: _____ M.I. _____

FORMER NAMES: _____

HOME ADDRESS: _____ COUNTY: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

SOCIAL SECURITY NUMBER: _____

ARE YOU AN ADULT, LEGALLY EMANCIPATED OR OTHERWISE LEGALLY ELIGIBLE TO WORK IN THE STATE OF OHIO? YES NO

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

CURRENT EMPLOYER: _____
(Enter "none" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?
 Yes No

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.: _____

APPLICATION FOR EMPLOYMENT
(Continued)

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DO YOU WANT TO LEAVE? _____

*If you need to list any additional previous employers,
please use a blank sheet of paper to do so.*

APPLICATION FOR EMPLOYMENT
(Continued)

EDUCATION AND TRAINING

This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? Yes No HIGH SCHOOL EQUIVALENT? Yes No

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO _____

DID YOU GRADUATE? Yes No DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO _____

DID YOU GRADUATE? Yes No DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR: _____

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.