



33113 Aurora Rd. Solon, Ohio 44139
(440) 349-5225

Web: www.solonbicycle.com

E-Mail: dan@solonbicycle.com

Applicants are considered for all position without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of application: _____ Position: _____

Referred By: **Advertisement** **Relative** **Employment Agency**
 Friend **Walk-In** **Other** _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City, State, Zip: _____

Phone: () _____

E-Mail Address: _____

If employed and you are under 18, can you furnish a work permit? **Yes** **No**

Have you ever been employed here before? **Yes** **No**

Are you presently employed? **Yes** **No** May we contact your present employer? **Yes** **No**

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? **Yes** **No** (Proof of citizenship or immigration status may be required upon)

On what date would you be able to start? _____

Are you available to work: **Full-Time** **Part-Time** Can you travel if job requires? **Yes** **No**

Have you been convicted of a felony within the last 7 years? **Yes** **No**

If Yes, please explain: _____

Veteran of the U.S. military service? **Yes** **No** If Yes, what Branch _____

References of three people who are not related to you or previous employers;

Name	Relationship	Address	Phone

Employment Experience

1

Employer	Dates Employed From To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			

2

Employer	Dates Employed From To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			

3

Employer	Dates Employed From To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			

4

Employer	Dates Employed From To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			

Education

School Name	High		College		Graduate/Technical		Specialized Training
Years Completed	9	10	1	2	1	2	
	11	12	3	4	3	4	
Diploma/Degree							

Agreement

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature of Applicant

Date