

HIDAKA USA, INC. EMPLOYMENT APPLICATION

Doc#: F14T

Issue Date: 10/09/13

Print Date: 7/16/2019

PLEASE PRINT LEGIBLY

NOTE: This application must be completed entirely and signed.

Policy: HIDAKA USA, Inc. will adhere to the commitment that all qualified persons are entitled to equal employment opportunities regardless of race, color, sex, age, religion, national origin, ancestry, handicap/disability, or U.S. Military Service.

Instructions: Provide all information requested. If not applicable, enter NA. Failure to provide the requested information may result in the application being considered incomplete and, thus, ineligible for consideration. **PLEASE PRINT LEGIBLY!**

Position(s) applied for (Do not enter all or any. Specific job titles are required): _____ Date of Application _____

How did you learn about us?

_____ Advertisement _____ Ohio Job Service _____ Private Employment Agency _____ Walk-in _____ Other _____

Complete Name (last) _____ (first) _____ (middle) _____

Street Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Phone Number (including area code) _____

Any other names under which you have been employed or under which school records would be located.

Names of friends or relatives employed by this organization.

If you are under 18 years of age, can you furnish a work permit? _____ Yes _____ No

Have you ever submitted an Employment Application to us before? _____ Yes _____ No If yes, give date _____

Have you ever been employed with us before? _____ Yes _____ No If yes, give date _____

Are you a citizen of the United States or are you legally eligible to work in the United States? (Proof of citizenship or eligibility to work in the United States may be required upon employment.) _____ Yes _____ No

On what date will you be able to start work?

Are you available to work: _____ Full Time? _____ Part Time? _____ Days? _____ Evenings? _____ Nights? _____ Temporary?

Are you able to work overtime if needed? _____ Yes _____ No

Can you travel if the job requires it? _____ Yes _____ No

Have you been convicted of a crime? (Conviction will not necessarily disqualify you from employment) _____ Yes _____ No

If yes, please list dates, offense, and dispositions.

Have you ever received any training, in the military or otherwise, that relates to the job for which you are applying? _____ Yes _____ No

If yes, please describe.

Do you wear glasses or contact lenses? ___ Yes ___ No
 If yes, do you have OSHA approved prescription safety glasses with side shields? ___ Yes ___ No
 Do you have over-the-ankle steel-toed boots? ___ Yes ___ No
 Can you regularly lift and /or move up to 50 pounds and occasionally lift and/or move up to 100 pounds. ___ Yes ___ No

Employment Experience: Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude voluntary work which indicates race, color, religion, gender, national origin, handicap/disability, current military status, ancestry, or other protected status. Please account for all time, including periods you were not employed.

Employer	Dates Employed		Work Performed
	From	To	
Address			
City, State, Zip Code	Reason for leaving		
Job Title			
Supervisor	Phone Number		
Supervisor's email address:			

Employer	Dates Employed		Work Performed
	From	To	
Address			
City, State, Zip Code	Reason for leaving		
Job Title			
Supervisor	Phone Number		
Supervisor's email address:			

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Supervisor's email address:			

Employer	Dates Employed		Work Performed
	From	To	
Address			
City, State, Zip Code	Reason for leaving		
Job Title			
Supervisor	Phone Number		
Supervisor's email address:			

Employer	Dates Employed		Work Performed
	From	To	
Address			

City, State, Zip Code		
Job Title	Reason for leaving	
Supervisor	Phone Number	
Supervisor's email address:		

If you need additional space, please continue on a separate sheet of paper.

Education:

	High School	Technical/College	Graduate/Professional
School Name and Location			
Grade, Years, and/or Degree Completed			
Field of Study			

Additional Information: Please complete the items below that are relevant to your ability to perform the job for which you are applying.

Describe any specialized training, apprenticeship, skills and/or knowledge you have.	
Describe any honors you have received.	
State any additional information you feel may be helpful in considering your application for employment	

Extracurricular Activities: List professional, trade, business or civic activities and offices or licenses held if relevant to the position for which you are applying. You may exclude memberships which would reveal information regarding your race, color, religion, gender, national origin, handicap/disability, current military status, ancestry, or other protected status

Additional Professional References: Please provide the name, address and telephone number of three individuals who are not related to you nor your previous employers and who know you well enough to comment on your capabilities (i.e co-workers or other supervisors).

Name	Address	Relationship	Phone No.
2			

Name	Address	Relationship	Phone No.
3			

Name	Address	Relationship	Phone No.
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Special Skills and Qualifications: Summarize special job-related skills and qualifications, including experience/qualification with computers, acquired from employment or other experience. Those applying for clerical positions, please indicate typing and/or key-stroke speed, computer software and other office equipment with which you have had experience

Applicant's Statement (READ CAREFULLY BEFORE SIGNING)

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that if any information given in connection with employment application, including this form and any interviews ("Employment Application Information") is false or misleading, it may result in withdrawal of an offer of employment or discharge if discovered subsequent to employment.

I understand that this employment application is not to be construed as a guarantee of employment. I understand and agree that, should I become employed, my employment with Hidaka USA does not constitute any form of contract, implied or expressed, and such employment may be terminated at-will by myself or Hidaka USA upon notice of one party to the other. I also understand and agree that no one in management at Hidaka USA has the authority to make any oral or written promises or agreements that alter this at-will relationship, and I agree that I cannot and will not rely on such oral or written promises or agreements.

I authorize investigation of any Employment Application Information including contacting professional references, and agree to hold harmless, any prior employer, representative of any prior employer, or other reference listed on this employment application for any truthful information provided thereto.

I agree, should I be employed by Hidaka USA, that, as a condition of employment, any claim or lawsuit relating to my service with Hidaka USA or any of its subsidiaries or parent must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I expressly agree to waive any statute of limitations to the contrary. I understand that if I become an employee of Hidaka USA at any time in the future, any Employment Application Information provided by this application for employment or otherwise will become a part of my official employment record. I further acknowledge that Hidaka USA will be relying on the Employment Application Information including this employment application in any hiring decisions and that I am contractually bound by the terms contained herein.

By my signature below, I acknowledge that I have read the above statement and understand the provisions contained therein.

Signature of Applicant	Date
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Pay History:		
Employer	Pay Rate Per Hour or Per Week	
	Starting	Final
Employer	Pay Rate Per Hour or Per Week	
	Starting	Final
Employer	Pay Rate Per Hour or Per Week	
	Starting	Final
Employer	Pay Rate Per Hour or Per Week	
	Starting	Final
Employer	Pay Rate Per Hour or Per Week	
	Starting	Final