

Job Application

Picture Frames | Framing supplies | Fine Art Printing

American Frame Corporation 400 Tomahawk Dr., Maumee Ohio 43537

American Frame is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Applicant Information
Applicant Name
Address
City, State, Zip
Email
Telephone Number Date of Application
Employment Position Position(s) applying for:
Employment Desired: Full-time Part-Time Seasonal Hours available per week:
How did you hear about this position?
On what date can you begin work if you are hired?
Personal Information Are you 18 years of age or older? □ Yes □ No Are you a U.S. citizen, or approved to work in the United States? □ Yes □ No
Job Skill/Qualifications
Please list below the skills and qualifications you possess for the position(s) you are applying for.

(Note: American Frame Corp complies with the ADA and takes any affirmative measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education, Training, and Experience

	Name & Location	Years Attended	Did you graduate?	Subjects studied			
High School							
College							
Vocational or Specialized							
Military							
Are you a current or past member of the military? Current Past							
What branch of the military? □ Army □ Navy □ Air Force □ Marines □ Coast Guard							
What was/is your rank?							
How many years have	e you served?						
What military skills do you possess that would be an asset for this position?							
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				_			
Previous Employn	<u>nent</u>						
Employer Name							
Job Title							
Dates Employed							
Employer Address							
City, State, Zip							
Employer Telephone							
Reason for Leaving							
Employer Name							
Job Title							
Employer Address City, State, Zip							
Employer Telephone							

Employer Name					
Employer Address					
Employer Telephone					
Reason for Leaving					
Job Title					
Dates Employed					
Employer Address					
Employer Telephone					
Reason for Leaving					
If yes, please explain (inc.	/ worked for American Frame blude date):				
References					
Please provide 2 professio	nal and 1 personal (not related)	reference(s) below:			
Name	Contact Information (include email address)	Business	Years Known		
Skills and Qualifications: Licenses, Skills, Training, Awards (optional)					
Do you speak write or understand any foreign languages? □ Y □ N					
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Please read the following statements carefully and sign at the bottom.

AT-WILL EMPLOYMENT

The relationship between you and the American Frame Corp. is referred to as "employment at will". This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the American Frame Corp. No representative of American Frame Corp. has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your "at-will" employment status, except for a written statement signed by you and the President of the company.

Possible Pre-employment Requirements

Upon consideration for employment and as part of the pre-employment process, American Frame may ask you to take a pre-employment drug screen, personality assessment, and/or background check. If a drug screen, personality assessment, or background check is required, these tests will be performed by a designated firm that is retained by American Frame to perform these tests at our request. Refusing consent or refusing to submit to pre-employment testing may result in the offer of employment being rescinded.

Comply With Company Statement Policy

I, the undersigned, agree to comply with all of American Frame's company policies. I understand that if I do not this will be reason for dismissal.

Contractual Statue of Limitations Statement

I waive all statutes of limitations and will file all claims within 6 months of my exit from American Frame.

Certification of Truth Statement

I certify that all statements made by me on this American Frame Corp. application form are truthful, to the best of my knowledge, and understand that if I have made any untruthful statements, this will result in immediate dismissal.

I have read and understand the above policy statements _	Initial Here	
Applicant Signature		Date
Applicant Name		