



2216 Refugee Road
Columbus, Ohio 43207

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

SS #:

DATE:

DRIVERS LICENSE #:

EXPIRES:

Name:

LAST

FIRST

MIDDLE

Address:

Street

City

State

Zip

Phone:

Are you 18 Years or Older?

Yes ☐

No ☐

Are You Either A U.S. Citizen Or An Alien Authorized To Work In The United States

Yes ☐

No ☐

Are you currently a member of a Union Organization

Yes ☐

No ☐

If Yes, Which Union?

EMPLOYMENT DESIRED

Position:

Date You Can Start:

Salary Desired:

Are You Employed Now?

May We Contact Them?

Yes ☐

No ☐

Have You Ever Applied To This Company Before?

When?

Referred By

| EDUCATION | NAME AND LOCATION OF SCHOOL | NO OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|----------------|-----------------------------|----------------------|-------------------|------------------|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE SCHOOL | | | | |

GENERAL

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR
NAVAL SERVICE

RANK

RESERVES OR NATIONAL GUARD?

Please Fax completed form to 614-444-4094

The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING

| DATE AND YEAR | Month | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------|-------|------------------------------|--------|----------|--------------------|
| FROM | | | | | |
| TO | | | | | |
| FROM | | | | | |
| TO | | | | | |
| FROM | | | | | |
| TO | | | | | |
| FROM | | | | | |
| TO | | | | | |

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| Name | Address | Business | Years Acquainted |
|------|---------|----------|---------------------|
| | | | |
| | | | |
| | | | |

**IN CASE OF
EMERGENCY NOTIFY**

NAME

ADDRESS

PHONE NUMBER

I UNDERSTAND THAT FALSIFICATION OF, OR OMISSION ON, THIS APPLICATION OR ANY EMPLOYMENT RELATED DOCUMENT IS GROUNDS FOR DISMISSAL. I AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I ACKNOWLEDGE THAT IF I BECOME EMPLOYED, I WILL BE AN AT WILL EMPLOYEE AND I WILL BE FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON AND CAPITOL TUNNELING RETAINS THE SAME RIGHTS. I ALSO UNDERSTAND THAT NO EMPLOYEE OF CAPITOL TUNNELING HAS THE AUTHORITY TO ALTER MY AT WILL EMPLOYMENT STATUS OR THE POLICIES OF CAPITOL TUNNELING (WITH WHICH I AGREE TO COMPLY IN CONSIDERATION OF MY EMPLOYMENT IF I AM EMPLOYED), EXCEPT THE PRESIDENT, WHO MAY ONLY DO SO IN WRITING.

I UNDERSTAND THAT CAPITOL TUNNELING IS A SUBSTANCE FREE WORKPLACE AND THAT AS AN EMPLOYEE OR AS A CONTRACTOR TO CAPITOL TUNNELING, I WILL BE SUBJECT TO ALCOHOL AND/OR DRUG TESTING AS REQUIRED BY THE CORPORATE POLICY.

DATE:

SIGNATURE:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS:

ABILITY:

HIRED:

Yes

☐

No

☐

POSITION:

DEPT:

SALARY/WAGE:

DATE REPORTING TO WORK:

APPROVED:

1

2

3

EMPLOYMENT MANAGER

DEPT, HEAD

GENERAL MANAGER

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify

E-Verify®



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



E-VERIFY IS A SERVICE OF DHS AND SSA

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English / Spanish Poster

IF YOU HAVE THE RIGHT TO WORK



Don't let anyone take it away.

There are laws to protect you from discrimination in the workplace.

You should know that...

In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.

Employers cannot reject documents because they have a future expiration date.

Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

Contact IER

For assistance in your own language
Phone: 1-800-255-7688
TTY: 1-800-237-2515

Email us
IER@usdoj.gov

Or write to
U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

If any of these things happen to you, contact the Immigrant and Employee Rights Section (IER).



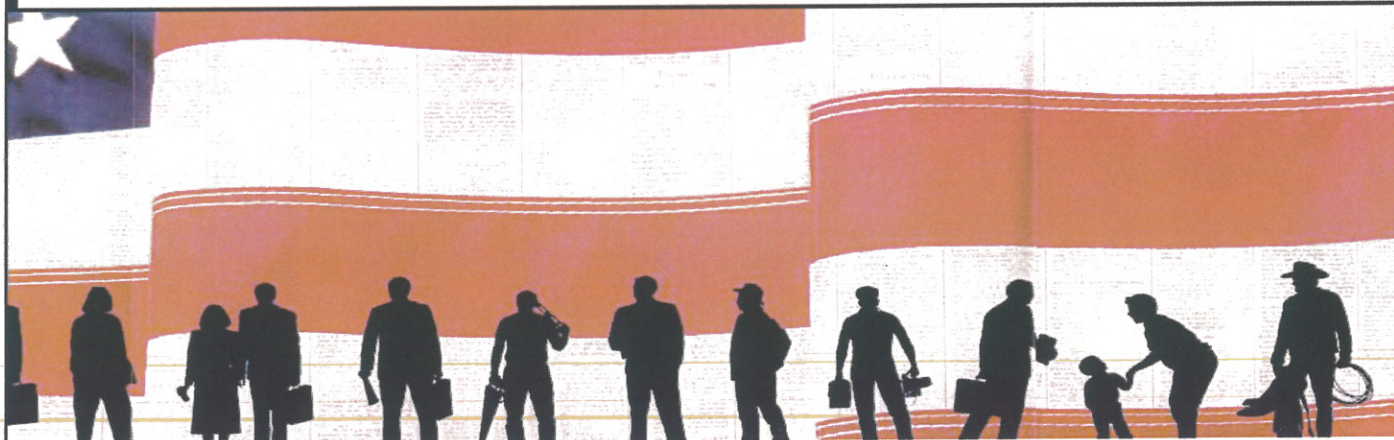
— DEPARTMENT OF JUSTICE —
IMMIGRANT & EMPLOYEE RIGHTS SECTION
— CIVIL RIGHTS DIVISION —

Immigrant and Employee Rights Section

U.S. Department of Justice, Civil Rights Division

www.justice.gov/ier

SI USTED TIENE DERECHO A TRABAJAR



No deje que nadie se lo quite.

Existen leyes que lo protegen contra la discriminación en el trabajo.

Usted debe saber que...

En la mayoría de los casos, los empleadores no pueden negarle un empleo o despedirlo debido a su nacionalidad de origen o estatus de ciudadanía, ni tampoco negarse a aceptar sus documentos válidos y legales.

Los empleadores no pueden rechazar documentos porque tengan una fecha de vencimiento futura.

Los empleadores no pueden despedirlo debido a E-Verify sin darle una oportunidad de resolver el problema

En la mayoría de los casos, los empleadores no pueden exigir que usted sea ciudadano estadounidense o residente legal permanente.

Comuníquese con la IER

Para ayuda en su propio idioma:

Teléfono: 1-800-255-7688

TTY: 1-800-237-2515

Mándenos un correo:

IER@usdoj.gov

O escribanos a:

U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

Si alguna de estas cosas le ha sucedido, comuníquese con la Sección de Derechos de Inmigrantes y Empleados (IER, por sus siglas en inglés)



— DEPARTAMENTO DE JUSTICIA DE LOS EE. UU. —
SECCIÓN DE DERECHOS DE INMIGRANTES Y EMPLEADOS
— DIVISIÓN DE DERECHOS CIVILES —

Sección de Derechos de Inmigrantes y Empleados

Departamento de Justicia de los EE. UU., División de Derechos Civiles

www.justice.gov/ier

www.justice.gov/crt-about/espanol/ier