

Reino

**119 S. Main Street
Gibsonburg, OH 43431**

**18400 Telegraph Road
Brownstown, MI 48174**

Reino Linen Service, Inc. is an equal-opportunity employer. We do not discriminate on the basis of race, sex, religion, color, national origin, age, ancestry, marital status, sexual preference, genetic information, military status or disability. **Please fill out this form in your own handwriting.**

PERSONAL INFORMATION:

(Last) (First) (Middle Initial)

Street Address: _____

City, State, Zip Code: _____

Phone Number: (____) _____ Alternate Number: (____) _____

Are you over the age of 18? Yes ___ No ___ (If not, employment is subject to verification that you are if minimum legal age and able to supply a required work permit.)

Are you eligible to work in the United States? Yes ___ No ___ (Supporting documentation is required for verification purposes.)

Have you ever been convicted of a crime? Yes ___ No ___

If yes, please explain: _____
(Disclosure of a criminal record does not automatically disqualify you for employment. Factors such as time, seriousness, nature of violation, and rehabilitation will be taken into account.)

POSITION/AVAILABILITY:

Position Applied For: _____

Applying For: Full Time ___ Part Time ___

Location Applying For: Gibsonburg, OH ___ Brownstown, MI ___ William Beaumont Hospital ___

Were you employed with us before? Yes ___ No ___

If yes, what was the reason for leaving? _____

Days/Hours Available:

___ Monday	Hours Available: from _____ to _____
___ Tuesday	Hours Available: from _____ to _____
___ Wednesday	Hours Available: from _____ to _____
___ Thursday	Hours Available: from _____ to _____
___ Friday	Hours Available: from _____ to _____
___ Saturday	Hours Available: from _____ to _____
___ Sunday	Hours Available: from _____ to _____

What date are you available to start work? _____

Referred By (Employee's Name, if applicable): _____

EMPLOYMENT HISTORY (Must be complete to be considered for employment. Begin with the current or most recent employer.)

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Dates of Employment:

From: _____ To: _____

Ending Wage: _____

Responsibilities: _____

Reason for Leaving: _____

=====

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Dates of Employment:

From: _____ To: _____

Ending Wage: _____

Responsibilities: _____

Reason for Leaving: _____

May We Contact Your Present/Previous Employers? Yes _____ No _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

I understand the Reino Linen Service, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Reino Linen Service, Inc. and still wish to be considered for employment, it will be necessary to re-apply and fill out a new application.

This application form supersedes any other application forms that I have previously submitted to the company.

I certify that I have read, fully understand, and accept all terms of the foregoing applicant statement.

Applicant Signature: _____ Date: _____

I certify that I am the parent or legal guardian of the applicant and I have assisted him/her in understanding the rights and responsibilities set by this application.

Parent/Guardian: _____ Date: _____