

## Applicant's Statement

I certify that the information given herein is true and complete.

In consideration of **ASW Global, LLC** evaluation of my suitability for employment, I hereby authorize ASW Global, LLC. (ASW) to perform all checks of my credentials as allowed by law including, but not limited to, inquiries with former employers, supervisors, coworkers, business associates and other individuals which ASW, in its sole discretion, believes may provide relevant information regarding my suitability for employment.

I further authorize ASW to perform checks on my credentials pertaining to my educational background and transcripts, police and criminal records and such other inquiries as ASW deems appropriate. This authorization also shall serve as an authorization to former employers, educational institutions, credit agencies and police departments to release my records to ASW and make such disclosures to the greatest extent permitted by law to allow ASW to assess my suitability for employment.

I will not assert any claim, cause of action or demand against ASW, its agents, contractors or employees which may arise from ASW's investigation of my credentials. I acknowledge that ASW has made no representation of any kind as to whether employment will be offered at the conclusion of its investigation.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employer.

## Drug-Free Workplace

We strive to maintain a **Drug-Free Workplace** through pre-employment, random and reasonable cause drug testing. **You must pass a pre-employment drug-screening test** before an offer of employment will be extended to you. Please note, in some states there may be a state allowance to use a drug for medical purposes that is otherwise illegal. If an associate (or candidate for hire) is found to test positive for such illegal drugs, the terms and conditions of the company's Drug & Alcohol Policy and Testing Program shall apply regardless of state allowance.

\_\_\_\_\_  
Applicant (Print Name)

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# APPLICATION FOR EMPLOYMENT



**ASW Global, LLC.**  
3375 Gilchrist Road  
Mogadore, Ohio 44260  
(330) 733-6291

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, or veteran status, or any legally protected status.

**(PLEASE PRINT)**

Position(s) Requested	Business Unit <input type="checkbox"/> Corporate <input type="checkbox"/> Main Event <input type="checkbox"/> GPI <input type="checkbox"/> Supply Chain	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____		<input type="checkbox"/> Current Employee _____

Last Name	First Name	Middle Name
Address <i>Number</i> <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Phone Number(s)	E-mail Address	

Best time to contact you: \_\_\_\_\_:\_\_\_\_\_ AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If yes, give date \_\_\_\_\_

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

Do any of your friends or relatives work here?  Yes  No  
If yes, state name, relationship and location \_\_\_\_\_

Are you currently employed?  Yes  No

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

Have you been convicted of a crime in the last 7 years?  Yes  No  
If yes, please explain: (A conviction will not automatically bar employment)

\_\_\_\_\_

\_\_\_\_\_

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_      What is your desired hourly/salary range? \_\_\_\_\_

Are you available to work:  Full-Time (Please indicate 1 2 3 shift or continuous operation-days/nights)  
 Part-Time (Please indicate Mornings Afternoon Evenings)  
 Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if the job requires it?  Yes  No

EDUCATION				
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments: Include explanation of any gaps in employment.**


<b>Describe any specialized training, apprenticeship, skills and extra-curricular activities.</b>

<b>Describe any job-related training received in the United States military.</b>

<b>List professional, trade, business or civic activities and offices held.</b> <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>

<b>Additional Information</b>
<b>Other Qualifications</b> <i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i>

Specialized Skills- Equipment Operated		Specialized Skills- Office/Administrative	
<input type="checkbox"/> Terminal	<input type="checkbox"/> RF Unit	<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Sales Techniques
<input type="checkbox"/> Lift Truck	<input type="checkbox"/> Shrink Wrapper	<input type="checkbox"/> Typing Skills	<input type="checkbox"/> Marketing Principles
<input type="checkbox"/> Clamp Truck	<input type="checkbox"/> Racking Experience	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Corporate Research
<input type="checkbox"/> Pallet Jack	<input type="checkbox"/> High Lift	<input type="checkbox"/> Lean/Six Sigma	<input type="checkbox"/> Budget Management
<input type="checkbox"/> Order Picker	<input type="checkbox"/> Machine Operator	<input type="checkbox"/> Engineering Principles	<input type="checkbox"/> Filing Systems
<input type="checkbox"/> Maintenance Technician	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Payroll Systems/HRIS	<input type="checkbox"/> Other: _____

Personal/Professional References			
<i>Do not include family members or past supervisors.</i>			
Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_