CINCINNATI AIR FILTER SALES SERVICE INC.
1004 KIELEY PLACE
CINCINNATI OHIO 45217

APPLICATION FOR EMPLOYMENT DATE_____

Applications for employment are accepted without regard to race, color, gender, national origin, age, marital status, handicaps or medical conditions other than those that may be aggravated or re-injured by nature of the job duties. This application does include a background check release which you will be required to authorize to be considered for employment.

PERSONAL INFORMATION

LAST NAME_____ **FIRST**_____ **MIDDLE** _____

ANY OTHER NAME PREVIOUSLY USED_____**PHONE NUMBER** _____

EMPLOYMENT INFORMATION

POSITION APPLYING FOR_____RATE OF PAY EXPECTED_____

WERE YOU OR ANY FAMILY MEMBERS EMPLOYED HERE NOW OR BEFORE? _____

ARE YOU APPLYING AS A RESULT OF: DATE AVAILABLE TO START WORK:

AD_____ REFERRAL_____ OTHER_____ _____

IF YOU ARE OFFERED EMPLOYMENT, CAN YOU PROVIDE:

BIRTH CERTIFICATE_____ SOCIAL SECURITY CARD _____ PROOF OF LEGAL RIGHT TO WORK_____

PLEASE COMMENT ON ANY SPECIAL SKILLS, INTERESTS OR QUALIFICATIONS WHICH MAKE YOU FEEL YOU ARE THE BEST CANDIDATE FOR THIS POSITION:

PLEASE LIST ANY SPECIAL HONORS, ACHIEVEMENTS OR AWARDS YOU EARNED IN SCHOOL, THE MILITARY, ETC.

EMPLOYMENT BACKGROUND

List below all present and past employment beginning with the most recent:

Name, Address, Phone Number of Employer	Dates of Employment	Position	Starting and ending Income	Reason for Leaving	Supervisor Name
	From:				
	To:				
	From:				
	To:				
	From:				
	To:				
	From:				
	To:				

Please list any of the above jobs for which you were drug screened: _____

_____

Which of the above employers do you **not wish us to contact:** _____

_____

Have you been dismissed or forced to resign from any employer? _____

_____

Except for vacations and holidays, how many days did you miss work during the last 12 months?

Less than five days _____ Less than 10 days _____ Less than 20 days_____ More than 20 days _____

Military Service Background

Were you in the service? Yes ____ No ____ Branch _____ Duty Dates_____

Rank at Discharge _____ Reason for separation _____

BACKGROUND BUREAU INCORPORATED

BACKGROUND CHECK RELEASE FORM

Per FCRA: 1) Signing this authorizes us to do a background investigation. 2) You may not be hired based upon our report. 3) You will be told if that is the intention. 4) You can view the report and dispute items you feel are erroneous, either with us or the source (Courthouse, for example).

Last Name _____ **First Name** _____ **Middle Name** _____ **Social Security Num.** _____

PRESENT
ADDRESS_____ **CITY,ST,ZIP**_____ **County**_____ **Yrs**____

PRIOR
ADDRESS_____ **CITY,ST,ZIP**_____ **County**_____ **Yrs**____

NOTE: Year of birth used for identification only

OTHER PRIOR
County(ies):_____**ST**__ _____**ST**__ **FULL D.O.B.:**____/____/____/ **CITY,ST** _____

DRIVER LIC# ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **STATE:** ☐☐ **Maiden or other names used**_____ _____

COLLEGE_____**City/St**_____ **Phone #**_____ **Degree**_____**Year**_____

HIGH SCH._____**City/St**_____ **Last grade completed** ____**Grad?**_____ **Year**_____

IF DIFFERENT THAN NOW: Name in High School _____ **Name in College:**_____

LIST ALL CONVICTIONS INCLUDING TRAFFIC **(Indicate "M" for misdemeanor or "F" for felony.)**

YR.	NATURE OF OFFENSE	RESOLUTION	WHERE (CITY/ST COUNTY)	M or F	OTHERS:
____	_____	_____	_____	___	_____
____	_____	_____	_____	___	_____
____	_____	_____	_____	___	_____
____	_____	_____	_____	___	_____

NOTE: USE REVERSE SIDE IF MORE ROOM NEEDED.

I hereby authorize the release to Background Bureau, Inc., (BBI) an independent pre-employment screening agency, of any information held by any parties regarding my prior employment, criminal, credit, driving, workers comp. and educational history as well as information regarding my general character and reputation. I release any providers of such information from any liability for providing same. I understand the information may be reviewed initially and periodically by BBI and reported to my prospective/actual employer.
I agree falsification may make me ineligible for employment or subject to immediate dismissal, if hired. I further acknowledge that BBI is relying on third party information and I therefore release BBI, my prospective employer, and their respective owners, officers, agents and employees from any and all liability arising out of errors or omissions. If not hired, I understand I do have certain rights under FCRA laws.

Signed_____ **Dated**_____

☐ **California residents check here if you wish to receive a copy of the report**

COVER SHEET (EMPLOYER USE ONLY) **Fax: (859) 781-5888 Phone: (800) 854-3990 or (859) 781-3400 email: bbi@one.net**
Client: CAFCO Attn: Phyllis Lauck Phone: 513-242-3400 E-mail: Phyllis@cafcoairfilter.com

☐ County of Residence	☐ Credit	☐ Education / License	☐ Sex Offender
☐ Prior Counties	☐ Civil	☐ Prior employment investigate	☐ Worker's Comp
☐ Identitrace	☐ MVR	☐ Prior employment verify	☐ OFAC
☐ Multi-State Database search	☐ Identicheck	☐ References	
	☐ Federal	☐ Statewide search	

I HEREBY ASSERT AND AGREE THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND ANY ACCOMPANYING RESUME IS TRUE AND COMPLETE, AND UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION OR OMISSION MAY DISQUALIFY ME FROM BEING CONSIDERED FOR EMPLOYMENT AND MAY ALSO BE CONSIDERED SUFFICIENT JUSTIFICATION FOR DISMISSAL IF LATER DISCOVERED.

I UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT IS AT WILL. MY EMPLOYER OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON.

I UNDERSTAND THAT ACCORDING TO FEDERAL LAW, I AM REQUIRED TO PRESENT CERTAIN DOCUMENTS TO VERIFY MY IDENTITY AS A U.S. CITIZEN OR, IF AN ALIEN, LEGAL AUTHORIZATION TO WORK IN THE U.S.A.

I HEREBY AGREE TO SUBMIT TO ANY LAWFUL DRUG, ALCOHOL OR INTEGRITY TEST WHICH MAY BE REQUIRED AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. I THEREFORE HEREBY SUBMIT MY WITHDRAWAL OF APPLICATION FOR EMPLOYMENT OR CONTINUED EMPLOYMENT OR RESIGNATION FROM EMPLOYMENT IN THE EVENT I REFUSE TO COMPLY WITH THE ABOVE TERMS AND CONDITIONS.

SIGNED_____ DATE _____

FOR COMPANY USE ONLY

DATE INTERVIEWED _____ INTERVIEWER _____

NOTES:

DATE HIRED _____ STARTING INCOME _____