

PERSONAL INFORMATION

Name (Last, First, MI)			Social Security No.		
Present Address		City	State	ZIP	
Permanent Address		City	State	ZIP	
Home Phone	Mobile Phone	Other Phone	Email		

EMPLOYMENT DESIRED

Position		Date You Can Start		Salary Desired	
Are you presently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied to this company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?		

EDUCATION HISTORY

Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

GENERAL INFORMATION Subjects of special study/research work or special training/skills

US Military or Naval Service		Rank
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FORMER EMPLOYERS List below last 4 employers, starting with most recent first

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES

Give below the names of 3 persons not related to you, whom you have known for at least one year

Name	Address	Business	Years Known

REFERRAL

If you were referred to our company, please tell us by whom	
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AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date		Signature		Have you attached a Résumé or other documents to this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interviewed By				Date	

SUBMISSION INSTRUCTIONS Please submit completed application either in person to the Location Manager or:

By Email

jobs@ExhibitMerchandising.com
www.ExhibitMerchandising.com

By Regular Mail

Exhibit Merchandising LLC
10145 Philipp Pkwy Unit D
Streetsboro, Ohio 44241-4706

By Facsimile

(330) 650-5725 Fax
(330) 650-5570 Phone