



Associated Enterprises  
1382 West Jackson Street  
Painesville, OH 44077  
440-354-2106

Meritec / Connectors Unlimited / Mold-Tech  
Divisions of Associated Enterprises  
1359 West Jackson Street  
Painesville, OH 44077

www.meritec.com  
E-mail: HR@meritec.com



A Qnnect Company

## Application for Employment

Ohio Associated Enterprises and its divisions are Equal Opportunity Employers. Applicants are considered on the basis of skills, experience and qualifications without regard to race, age, creed, color, national origin, sex, marital status or the presence of non-job-related medical disability or any other legally protected status.

### PERSONAL DATA

Name (Last, First, Middle)		Social Security #		Today's Date	
Address (Street)		City, State		Zip Code	
Home Telephone Number		Work Telephone Number		Message Telephone Number	
E-mail Address					
What shift are you applying for	1st	2nd	Either	Full Time?	Part Time?
Are you at least 18 years old?	Yes	No	Do you speak a second language?	No	Yes _____

### POSITION INFORMATION

Position Applying For		Available Start Date		Starting Salary Desired	
How were you referred to us?					
<i>In accordance with the Federal Immigration and Reform Act of 1986, if you are employed by our Company or one of its divisions, you will be asked to provide documentation that verifies your legal right to work in the United States. If you cannot provide acceptable documentation, within 3 business days from your hire date, we cannot legally employ you.</i>					
Can you provide such documentation?		Yes		No	
Have you ever been convicted of a felony?		Yes		No	
If yes, Please explain. Conviction does not automatically exclude you from consideration for employment.					
After reading the job description, do you feel that you can perform all the essential functions of the position with or without a reasonable accommodation?					
If no, please explain:		Yes		No	
Do you authorize a background investigation including prior employers, education and criminal records?		Yes		No	

## EDUCATIONAL INFORMATION

Years of School Completed \_\_\_\_\_

	Name/Location	Major	Graduate		Degree
High School			Yes	No	
Jr. College/Trade			Yes	No	
University/College			Yes	No	
Graduate School			Yes	No	

## WORK HISTORY

Employer	Address (street, city, state, zip)	Telephone Number
Supervisor's Name and Position	From:	To: Dates of Employment
Type of Business	Position Held	Ending Salary
Reason for Leaving		
Responsibilities		

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Supervisor's Name and Position	From:	To: Dates of Employment
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Employer Address (street, city, state, zip) Telephone Number

Supervisor's Name and Position From: To: Dates of Employment

Type of Business Position Held Ending Salary

Reason for Leaving

Responsibilities

**REFERENCES – List only professional references (No personal references)**

Name	Professional Relationship	Work Phone Number	Home Phone Number

**ADDITIONAL INFORMATION**

- 1) List any additional experience and/or training that would help you in this position?
- 2) Have you ever worked at Associated Enterprises or one of its divisions before? Yes No
- 3) If you are currently employed, may we contact your employer? Yes No
- 4) List below any additional jobs you have had:

Company Name	Supervisor	Phone Number	Dates of Employment
1)			
2)			
3)			

## **RELEASE AUTHORIZATION**

PLEASE READ THE FOLLOWING ACKNOWLEDGEMENT CAREFULLY BEFORE SIGNING

I authorize the investigation of all statements contained in this application. I will not hold Associated Enterprises or its divisions, or any of my previous employers liable in any respect if an employment offer is not forthcoming, is withdrawn, or if my employment is terminated as a result of misrepresentation or omission of facts on this application. I understand that if I am employed by Associated Enterprises or on of its divisions, additional personal data may be required for determination of benefits, statistical purposes and legal compliance.

Applicants offered a position are accepted contingent upon successful completion of a mandatory, company paid pre-employment physical (if applicable).

I understand that in connection with my application and/or employment with you, an investigative consumer report may be requested following my submission of an application or during my employment that will include information as to my character, work habits, academic records, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my credit history, current and/or annual motor vehicle operation history and criminal history from various state, private and insurance sources along with other public records available, and workers' compensation claims. Workers' compensation information will only be requested in compliance with the ADA and/or any other applicable state laws. I hereby authorize, without reservation, any lawful enforcement agency, administrator, state agency, institution, school or university (public or private), information service bureau, employer or insurance company contacted by BackTrack, Inc., to furnish the above mentioned information. I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied or I otherwise suffer an adverse employment action because of information obtained by my prospective employer/ employer from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of information. I authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military records to release to BackTrack, Inc., information or photocopies of my military personnel records. I further authorize, intend and understand that this release of information shall continue and remain in full force and effect at all times during my employment and may be used at any time during my employment.

I also understand that if I am employed by the Company, my employment is "at will" that I or the Company may terminate the employment relationship at any time, for any reason, with or without notice. I further understand that no Associate of the Company has the authority to modify this understanding orally or in writing except with the written permission of the Board of Directors of Associated Enterprises.

I Hereby Acknowledge That I Have Read The Above Statements And Understand Each And All Of These Statements:

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Signature (Acknowledgement)

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Date