



# Hamilton Parker Company

1865 Leonard Avenue  
Columbus, Ohio 43219  
614.358.7800  
fax: 614.358.2316

188 E. William Street  
Delaware, Ohio 43015  
740.363.1196  
fax: 740.363.1197

## Application for Employment

Date: \_\_\_\_\_

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status or disability. All qualified applicants will be given equal opportunity and selection decisions are based on job-related factors.

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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Mailing and Street Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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Email \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Are you legally eligible for employment in the U.S.?                      yes              no

Are you 18 years of age or older?    yes              no

If hired, can you furnish proof of eligibility to work in the U.S.?                      yes              no

Have you worked for Hamilton Parker before?                              yes              no

If yes, when? \_\_\_\_\_

Do you have any relatives or friends who work for Hamilton Parker?              yes              no

If yes, who and what department? \_\_\_\_\_

Have you been convicted of a felony within the last seven years?              yes              no

If yes, please explain: \_\_\_\_\_

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### Position Applied for:

Positions applying for \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

***\*\*If applying for Driver position, please fill out page 4***

Are you seeking:    full-time              part-time              Specify days and hours if part-time \_\_\_\_\_

Will you work at either Hamilton Parker location?    yes    no

If yes, which location are you applying for? \_\_\_\_\_

If your application is considered favorable, on what date would you be available for work? \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying?    yes    no

If no, please explain: \_\_\_\_\_

\*\*\*\*\* Applications must be completed in full, signed and dated to complete processing \*\*\*\*\*

Hamilton Parker Company  
[hr@hamiltonparker.com](mailto:hr@hamiltonparker.com)

614.358.7800

fax:614.343.1393

[www.hamiltonparker.com](http://www.hamiltonparker.com)

Are there any other experiences, skills or qualifications, which you feel relate to the position for which you are applying? \_\_\_\_\_

**Education**

	Name	Location	Yrs. Completed	Major/Degree
High School				
College				
Other School				
Other Training or Skills				

**Military**

Were you in the U.S. Armed Forces? Yes no If yes, what branch? \_\_\_\_\_

Dates of Duty: from (mo/day/yr): \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

List duties in the service including special training: \_\_\_\_\_

**Employment History**

Dates	Employer name Address and Phone	Name of Supervisor	OK to contact	Describe Major Duties	Wages	Reason for Leaving
From: To:			Yes No		Starting \$_____ Ending \$_____	
From: To:			Yes No		Starting \$_____ Ending \$_____	
From: To:			Yes No		Starting \$_____ Ending \$_____	

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## Personal References

Only one may be a relative or friend, all others should be past employer.

\*Must include complete name, addresses and phone numbers to complete application\*

Name	Address	Phone Number	How long have you known this person?

*Important, please read and sign*

### Employment at Will

Employment Policy and Procedure

### **Policy Statement**

Employment relationships of all employees are terminable at any time at the discretion of Hamilton Parker or any individual employee.

#### Guidelines

1. Any employee whose employment is not governed by the terms of a written contract is considered to be an "at will" employee. Employment may be terminated at any time at the discretion of either Hamilton Parker or the employee.
2. Supervisors and all other Hamilton Parker representatives involved in the hiring process will refrain from making any statement or providing any assurance of job security or continued employment to prospective or newly hired employees. Similarly, in the dealings with employees, supervisors must not make any promises or assurances of continued employment in the event of satisfactory performance.
3. No manager or supervisor at Hamilton Parker, other than the President of Hamilton Parker, is authorized to enter into an employment contract (written or oral) with any employee.

### **Certificate and Assent**

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character or qualifications. I hereby release said companies, schools or persons from liability for any damage for issuing this information. I expressly waive [provisions of law prohibiting any physician, person or hospital or other institution that has or may hereafter attend or furnish me with treatment. I further acknowledge that any incorrect or misleading statements may render this application void and if employed, would be cause for termination.

*I hereby acknowledge that I have read the above statement and understand the same.*

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applications will be kept on file for 6 months.

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# Driver Experience

*\*this section is only to be filled out if you are applying for a Drivers position.*

## Licenses

<b>You must show Drivers Licenses held in the past three years</b>	State	License #	Class	Endorsement(s)	Expiration Date

- Have you ever been denied a license, permit, or privilege to operate a motor vehicle?      Yes      No
- Have you ever been denied a license, permit, or privilege to operate a motor vehicle?      Yes      No
- Has any license, permit, or privilege ever been suspended or revoked?      Yes      No
- Have you ever been disqualified for violations of the Federal Motor Carrier Safety regulations?      Yes      No

**If you answered 'Yes' to any of the above questions, please provide a statement of details:**

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## Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
Straight Truck		From:	To:	
Tractor and Semi-Trailer		From:	To:	
Twin Trailers – LCVs		From:	To:	

List states operated in during the last five years: \_\_\_\_\_

List all driving awards held and who presented them: \_\_\_\_\_

## Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

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