

WICKENS HERZER PANZA

35765 Chester Road, Avon, OH 44011-1262

CONTACT: Audra DiLuciano, Firm Administrator
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EMPLOYMENT APPLICATION

The following information is requested to help us make the best possible placement within the Firm. All portions of this application pertaining to you must be completed, unless otherwise noted. The Firm is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, age (40 or older), color, religion/faith, sex (including pregnancy, sexual orientation, or gender identity), national origin or ancestry, disability, genetic information, citizenship, veteran status or any other protected status under local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify the contact person listed at the top of this Employment Application.

NOTE: If after one year from the date of this Employment Application you have not been contacted by the Firm and you still desire to be considered for a position with this Firm, you must submit a new Employment Application.

NOTE: To comply with Federal Law, in the event that you are offered a position with this Firm you must establish your eligibility for employment by providing two forms of identification from a list we will provide you at the time that you are offered a position.

TODAY'S DATE			
APPLICANT'S FULL NAME			
FIRST NAME	MIDDLE NAME	LAST NAME	
CURRENT ADDRESS			
NUMBER/STREET	CITY	STATE	ZIP
PHONE/EMAIL			
EMAIL ADDRESS			
HOME	CELL	WORK	
()	()	()	
OK to call? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to call? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to call? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OK to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Call 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	Call 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	Call 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
PERSONAL INFORMATION			
Are you a U.S. citizen or otherwise authorized to work in the U.S. without any restriction?.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years of age?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
To comply with Minor Labor Laws, if you are under 18 years of age, please state your age:			
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If selected for employment, are you willing to submit to testing for illegal drug use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been involuntarily terminated or asked to resign from any employment position?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICANT'S FULL NAME: _____

PERSONAL REFERENCES (Other Than Family And Former Supervisors):			
NAME	ADDRESS	TELEPHONE	RELATIONSHIP
		()	
		()	

EDUCATION:						
SCHOOL NAME		ADDRESS	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE	
HIGH SCHOOL/ GED		_____	9 10 11 12	<input type="checkbox"/> Yes	<input type="checkbox"/> Diploma/ GED	
		_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No		
COLLEGE/ UNIVERSITY/ TRADE SCHOOL		_____	1 2 3 4	<input type="checkbox"/> Yes	<input type="checkbox"/> Certificate	
		_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's	
GRADUATE		_____	ENTER NO. YEARS COMPLETED	<input type="checkbox"/> Yes	<input type="checkbox"/> Master's	
		_____		<input type="checkbox"/> No	<input type="checkbox"/> J.D. <input type="checkbox"/> PhD	

EMPLOYMENT RECORD (Please List Most Recent Position First)			
FROM	NAME AND ADDRESS OF EMPLOYER	JOB TITLES OR DUTIES	
MONTH / DAY / YEAR ____ / ____ / ____	_____ _____ _____		
TO	SUPERVISOR	PHONE NUMBER	REASON FOR LEAVING
____ / ____ / ____		()	
FROM	NAME AND ADDRESS OF EMPLOYER	JOB TITLES OR DUTIES	
____ / ____ / ____	_____ _____ _____		
TO	SUPERVISOR	PHONE NUMBER	REASON FOR LEAVING
____ / ____ / ____		()	
FROM	NAME AND ADDRESS OF EMPLOYER	JOB TITLES OR DUTIES	
____ / ____ / ____	_____ _____ _____		
TO	SUPERVISOR	PHONE NUMBER	REASON FOR LEAVING
____ / ____ / ____		()	

APPLICANT'S FULL NAME:

PLEASE READ THE LANGUAGE BELOW CAREFULLY. SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS LANGUAGE, PLEASE SEEK ASSISTANCE PRIOR TO SIGNING THIS DOCUMENT.

I hereby certify that the information presented in this Employment Application is true, accurate, and complete. I understand that, if hired, my continued employment is expressly conditioned upon the accuracy and completeness of the information presented herein, subject to further reports from any of the References or Employers I have stated herein. I further agree, if I accept employment, to abide by all rules, regulations, and policies, which the Firm may institute from time to time, in its discretion. I further understand that no personnel recruiter or interviewer or other representative of the Firm, other than the President or Vice President of the Firm, has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing.

I understand that this Employment Application, copies of rules, regulations and policies, and any other Firm documents, are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, or may be terminated by the Firm at any time and for any reason or no reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I understand that I will also have to complete a separate Background Check Disclosure, Authorization, and Release as part of this application process.

Signature: _____

Today's Date: _____

BACKGROUND CHECK DISCLOSURE, AUTHORIZATION AND RELEASE

Section 1: Disclosure

This form, which you should read carefully, has been provided to you because Wickens Herzer Panza may request consumer reports and/or investigative consumer reports on you from a consumer reporting agency. Wickens Herzer Panza will use any such report(s) solely for employment-related purposes.

Consumer reports and/or investigative consumer reports on you will be obtained by a background check vendor and provided to Wickens Herzer Panza. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, Social Security Number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, Workers' Compensation records (only post-offer), personal and professional references checks, licensing and certification checks, etc. The information contained in these reports may be obtained by the vendor from private and/or public record sources, including sources identified by you on your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

If you are denied employment as a result of information obtained from your background check, Wickens Herzer Panza will furnish you with a summary of your rights under the Fair Credit Reporting Act in a form issued by the Consumer Financial Protection Bureau entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

Section 2: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of consumer reports and/or investigative consumer reports to Wickens Herzer Panza in conjunction with my job application. I also authorize disclosure to Wickens Herzer Panza and/or to the background check vendor of information concerning my employment history, earning history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history and all other information Wickens Herzer Panza deems pertinent by any individual, corporation or other private or public entity, including, without limitation, the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; motor vehicle records agencies; and other applicable sources. I hereby release and hold the vendor and Wickens Herzer Panza, its officers, directors, employees and trustees harmless from any and all liability with respect to the consumer reports, investigative consumer reports, investigations, verifications and/or the use of any information relevant to my employment.

I understand that if Wickens Herzer Panza hires me, my consent will apply throughout my employment to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to Wickens Herzer Panza, Office of Human Resources. I also understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during, or after my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

This Background Check Disclosure, Authorization, and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by Wickens Herzer Panza.

I understand that providing any false information or omitting any material information on my application materials or in the interview process will be sufficient grounds for rejection of the application, or termination of employment whenever discovered.

APPLICANT'S FULL NAME:

Section 3: Applicant Information (Will be used for Background Check Purposes)

APPLICANT'S FULL NAME		
FIRST NAME	MIDDLE NAME	LAST NAME
OTHER LAST NAMES EVER USED (E.G., MAIDEN NAME)		
COUNTRY OF RESIDENCE	DOES APPLICANT HAVE A SOCIAL SECURITY NUMBER? <input type="checkbox"/> No <input type="checkbox"/> Yes	SOCIAL SECURITY NUMBER ONLY FILL IN WHEN REQUESTED - -
DATE OF BIRTH (FOR ID PURPOSES ONLY) ONLY FILL IN WHEN REQUESTED	DRIVERS' LICENSE NUMBER ONLY FILL IN WHEN REQUESTED	STATE OF ISSUE ONLY FILL IN WHEN REQUESTED
CONVICTIONS		
HAVE YOU EVER BEEN CONVICTED OF OR ENTERED A PLEA OF GUILTY OR NO CONTEST TO ANY FELONY OR MISDEMEANOR? (MISDEMEANORS MAY INCLUDE DUI/OVI.)		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
IF YOU ANSWERED "YES," PLEASE ANSWER THE FOLLOWING:		
CONVICTION	CONVICTION TYPE	CONVICTION DATE (mm/dd/yyyy)
COUNTY	CITY	STATE
CONVICTION DESCRIPTION: DETAILS OF <u>ALL</u> OFFENSES INCLUDING NATURE, CIRCUMSTANCES, AND DATES. ATTACH ADDITIONAL SHEETS IF NECESSARY. A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.		

APPLICANT'S FULL NAME:

DRIVING RECORDS RELEASE

(Courier or other Driver Position Only)

As an applicant for a Courier or other driving position with the Firm, I authorize the Firm to check my driving record and certify that I currently have a valid drivers' license without restriction. A copy of this authorization shall be considered the same as the original.

APPLICANT'S FULL NAME		
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH (FOR ID PURPOSES ONLY) ONLY FILL IN WHEN REQUESTED	DRIVERS' LICENSE NUMBER ONLY FILL IN WHEN REQUESTED	STATE OF ISSUE ONLY FILL IN WHEN REQUESTED

Signature

Date

APPLICATIONS FOR DRIVING POSITIONS RECEIVED WITHOUT SIGNATURE ON DRIVING RECORD RELEASE WILL BE EXCLUDED FROM CONSIDERATION FOR A POSITION WITH THE COMPANY.