



Central Ohio Medical Textiles

One COMTEX Way
Ashland, Ohio 44805

For Office Use Only	
Appt. Date/Time _____	Hire Date _____
Test Date _____	Employee # _____
Test Result (P/N) _____	Term. Date _____
Record Check _____	_____

APPLICATION FOR EMPLOYMENT - ASHLAND				
PERSONAL INFORMATION				
LAST NAME		FIRST NAME		SOCIAL SECURITY NUMBER
STREET ADDRESS		APT NO.	CITY	STATE ZIP CODE
HOME PHONE NUMBER (+ area code)	DAYTIME PHONE NUMBER (+ area code)		POSITION(S) DESIRED	
SALARY EXPECTED / hr	HAVE YOU WORKED FOR COMTEX BEFORE? (Check One) YES If yes, when? NO			
TYPE OF EMPLOYMENT DESIRED: (Place an X where appropriate) Permanent, Full Time _____ Temporary, Full Time _____ On Call _____ Permanent, Part Time _____ Temporary, Part Time _____ Summer Only _____				
Is there any reason you might be unable to perform the functions of the job for which you have applied? (Check One) YES NO If yes, please explain			ARE YOU [LEGALLY] ABLE TO WORK IN THE UNITED STATES OF AMERICA? (Check One) [Proof of US Citizenship or immigration status will be required upon employment.] YES NO If no, please explain	
EDUCATION				
SCHOOL NAME (Secondary 9-12)	LOCATION	DATE ATTENDED From: To:	DIPLOMA / CERTIFICATE	
SCHOOL NAME (College)	LOCATION	DATE ATTENDED From: To:	DIPLOMA / CERTIFICATE	
OTHER TRAINING	LOCATION	DATE ATTENDED From: To:	DIPLOMA / CERTIFICATE	
PROFESSIONAL LICENSURE				
LIST ALL CERTIFICATIONS, REGISTRATIONS OR LICENSES AS REQUIRED		LICENSE NUMBER/EXPIRATION DATE/STATE OF ISSUE License Number: _____ State of Issue: _____ Exp. Date: _____		
MISCELLANEOUS				
HOW DID YOU HEAR ABOUT US? (Place an X where appropriate) Newspaper _____ Website _____ Open House _____ Job Fair _____ First Source _____				
Referral by Current Employee? (list name)				

EMPLOYMENT <i>(Please list all former employers)</i>				
NAME OF EMPLOYER	FROM MM/YY	TO MM/YY	SUPERVISOR NAME	LAST SALARY
STREET ADDRESS	CITY, STATE, ZIP		PHONE NUMBER (+ area code)	MAY WE CONTACT FOR? REASON FOR LEAVING? YES NO
JOB TITLE & DUTIES			NAME WHEN EMPLOYED	
NAME OF EMPLOYER	FROM MM/YY	TO MM/YY	SUPERVISOR NAME	LAST SALARY
STREET ADDRESS	CITY, STATE, ZIP		PHONE NUMBER (+ area code)	MAY WE CONTACT? REASON FOR LEAVING? YES NO
JOB TITLE & DUTIES			NAME WHEN EMPLOYED	
NAME OF EMPLOYER	FROM MM/YY	TO MM/YY	SUPERVISOR NAME	LAST SALARY
STREET ADDRESS	CITY, STATE, ZIP		PHONE NUMBER (+area code)	MAY WE CONTACT? REASON FOR LEAVING? YES NO
JOB TITLE & DUTIES			NAME WHEN EMPLOYED	
Do we have permission to obtain reference checks on your previous employment and background history? YES NO (Check one)				
Do you understand and agree with the COMTEX policy that may require you to undergo drug and alcohol testing in order to maintain a safe work environment? YES NO (Check one)				
<u>READ CAREFULLY BEFORE SIGNING.</u>				
I agree that any claim or lawsuit relating to my service with COMTEX or any of its related entities must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.				
I attest under penalty of perjury that the information given on this application is correct to the best of my knowledge and understand that providing false information is grounds for dismissal. I understand that if hired I will be a "terminable-at-will employee," and that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I further understand that no human resource recruiter or interviewer or other representative of COMTEX has any authority to enter into any agreement contrary to the foregoing or for employment for any specified period of time.				
I give COMTEX the right to investigate all references and to secure additional information about me, if job related, and so long as I have not indicated otherwise in the spaces provided above. I hereby release from liability COMTEX and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.				
I understand that this application is good only for ninety (90) days from today's date. If I still desire a position at COMTEX when this application expires, it will be my duty to fill out a new application and file it with COMTEX. Otherwise, COMTEX will not consider me for employment after this application expires. I further agree to submit to alcohol or drug screening tests, where and whenever legal, if requested of me at any time prior to or during my employment.				
SIGNATURE _____			DATE _____	