



**EMPLOYMENT APPLICATION**  
 Stafford Resources LLC dba Stafford Technology  
 400 W. Wilson Bridge Rd., Worthington, OH 43085

Stafford Resources LLC is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

**Applications must be complete, signed and dated to receive employment consideration. Resumes may be submitted for additional information, but not in place of the application. Stafford Resources, LLC is required to verify identity and work authorization at the time of employment. If you require reasonable accommodation for any part of the employment process, please alert Stafford Resources to such need.**

(PLEASE PRINT IN INK)

<b>Position(s) Applied For</b>		<b>Date of Application</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number</b>	<b>Alternate Number</b>	<b>Email Address:</b>	
<b>What Job Boards do you post your Resume on?</b>	1. _____		
	2. _____		
<b>How did you hear about Stafford Technology?</b>	1. _____		

Are you legally entitled to hold employment of the kind for which you are applying the United States? YES  
NO

(If offered employment you will be required to show proof of a legal right to work in the U.S.)

Are you over the age of 18 years? YES  
NO

*(If no, you may be required to provide authorization)*

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES  
NO

Have you ever applied to Stafford Resources LLC before? *(If yes, please give date.)* \_\_\_\_\_ YES  
NO

Are you a former employee or independent contractor of Stafford Resources, LLC? YES  
NO



If yes, list date of last employment and your name at that time:

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Do you have a valid driver's license? *(For driving positions only.)*

YES  
NO

Are you willing and able to secure a Driver's License, if a License is required?

YES  
NO

What is your means of transportation to work?

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Have you been convicted of any moving violations in the past five years?

YES  
NO

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

Is anyone related to you employed by Stafford Resources LLC?

YES  
NO

If yes, please give their name and relationship to you. \_\_\_\_\_

Are you able to travel, relocate, or work overtime?

Please list any professional, trade or other organizations that you belong to that would be considered relevant to the position which you are applying for.

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What salary or rate of pay do you expect to receive if employed? \_\_\_\_\_ per

Have you ever been fired or asked to resign from a job?

YES  
NO

If yes, please explain. \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

**Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)**

Day Sunday Monday Tuesday Wednesday Thursday Friday Saturday

AM							
PM							



**EDUCATION**

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
<b>Elementary</b>				
<b>High School</b>				
<b>College</b>				
<b>Graduate</b>				
<b>Vocational</b>				

Please list any academic honors, scholarships, offices held, etc. *(Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)*

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES NO  
Please give dates and explanation:

**EMPLOYMENT HISTORY** *(Begin with current or most recent employer.) Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Stafford Resources LLC.*

<b>Company Name</b>	<b>Employment Dates</b> From To	<b>Salary</b> Start End	<b>Name and Title of Supervisor</b>
<b>Address</b>			
<b>Phone</b>	<b>Describe your duties:</b>		
<b>Reason for leaving and explanation</b>			
<b>Company Name</b>	<b>Employment Dates</b> From To	<b>Salary</b> Start End	<b>Name and Title of Supervisor</b>
<b>Address</b>			
<b>Phone</b>	<b>Describe your duties:</b>		



Reason for leaving and explanation

<b>Company Name</b>	<b>Employment Dates</b> From      To	<b>Salary</b> Start   End	<b>Name and Title of Supervisor</b>
<b>Address</b>			

Describe your duties:

Reason for leaving and explanation

<b>Company Name</b>	<b>Employment Dates</b> From      To	<b>Salary</b> Start   End	<b>Name and Title of Supervisor</b>
<b>Address</b>			

Describe your duties:

Reason for leaving and explanation

Have you ever been dismissed from a position?     Yes    No

If yes, you must explain where, when and why:

Please provide any other information that you feel will help us in considering your application for employment.

**REFERENCES (Please list three persons, who are not related to, who can provide professional references.)**

<b>Name</b>	<b>Company</b>	<b>Phone Number/Email</b>	<b>Relationship / Occupation</b>	<b>Years Known</b>



**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Stafford Resources LLC (hereinafter referred to as "[COMPANY]") that such employment with [COMPANY] is at will, for no specified duration and may be terminated by either [COMPANY] or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of [COMPANY] or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of [COMPANY] except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of [COMPANY].

In consideration for employment with [COMPANY], if employed, I agree to conform to the rules, regulations, policies and procedures of [COMPANY] at all times and understand that such obedience is a condition of employment. I understand that due to the nature of [COMPANY] business, attendance and punctuality are considered essential requirements of every job at [COMPANY] and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with [COMPANY], I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to [COMPANY] and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Name and number of person completing this form if other than applicant:**

\_\_\_\_\_

[COMPANY] IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.