



ROKI America Co., Ltd

APPLICATION FOR EMPLOYMENT
2001 Production Drive P.O. Box 1044

Findlay, Ohio 45839-1044 • PHONE: (419) 424-9713

An Equal Opportunity Employer
Do not include information regarding race, color, religion, national origin, ancestry, or disabilities on this application.

ASSOCIATE#
BADGE#
LOCKER#
SUPERVISOR:
DEPT#:
SHIFT:
START DATE: / /

PLEASE PRINT
Name: Last, First, Initial
Date

Instructions: Each question should be fully and accurately answered. Do not substitute resume for Employment History Section. All information provided is subject to verification.
Personal Data Answer each question fully and accurately.
First Name Middle Last Social Security Number
Present street address City State Zip Code How long at present address
Previous street address City State Zip Code How long at previous address
In case of emergency notify Emergency phone no. Your present phone no.
Alternate emergency contact Alternate emergency phone no
Position desired No. years' experience in desired job Secondary job interest
Desired employment: Full time Part time Summer Temp Salary Requirement per Date Available

Have you previously applied for work at Roki America? Yes No
Are you a former Associate of Roki America? Yes No If yes, please list dates:

List names and relationships of relatives and/or acquaintances employed by Roki America.

Referred to Roki America by: SCHOOL AGENCY AD ROKI AMERICA ASSOCIATE OTHER
PLEASE EXPLAIN:

Security Information
Do you have a right to be in the country? YES NO Do you have a legal right to work in this country? YES NO
Type of Visa held: Visa No. Expiration Date:
Other than a misdemeanor traffic offense, have you ever been convicted of a felony or misdemeanor which has not been expunged or sealed by a court? YES NO
If yes, list date, city, charge, disposition:

Have you ever worked under another name? YES NO If yes, please explain:
Have you used drugs illegally in the last 90 days? YES NO If yes, explain fully:

If necessary, best time to call you at home is: am pm
May we contact you at work? YES NO
If yes, work number and best time to call: () : am pm
If you are under 18 and it is required, can you furnish a work permit? YES NO If no, please explain:
Will you work overtime if required? YES NO
If no, please explain:
Driver's license number required if driving is required in the job for which you are applying: Lic. # State:

Are you willing to travel? Frequency Would you relocate? YES NO
YES NO 10% 25% 50% Over 50% Show preference US Foreign

Education and Training

Check highest grade completed in each school category.

High School: 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4

If presently attending, check class status: Freshman Sophomore Junior Senior

List name and address of high schools, technical and vocational institutions, colleges and universities, all undergraduate and postgraduate work. Include future diplomas or degrees beyond high school and dates expected. Begin with most recent.	Number of Months/ Years attended	Course of study: List major and minor	Degree	Diploma or degree conferred or expected?
1.				
2.				
3.				
4.				

Computer Skills: Check all appropriate boxes and include software titles and years of experience.

Word Processing: _____ Years: _____
 Internet: _____ Years: _____
 Spreadsheet: _____ Years: _____
 Other: _____ Years: _____
 Presentation: _____ Years: _____
 Other: _____ Years: _____
 Email: _____ Years: _____
 Other: _____ Years: _____

To facilitate the verification of records, list all former names by which you were known at educational institutions.

Name _____ Institution _____ Number of months/years attended _____
 Name _____ Institution _____ Number of months/years attended _____

Publications (attach reprint): _____

Special licenses, registrations and certifications: _____

Special skills (foreign languages, machines operated, keyboarding speed, etc.): _____

Do you have current or planned consulting agreements? Yes No If yes, state names of companies, nature of work, contact dates: _____

Are you bound by any agreements which limit your use or disclosure of your knowledge and your ability to compete?
 Yes No If yes, explain: _____

Do you intend to work for any other employer while employed with Roki America? Yes No If yes, please explain:

What are your career objectives, special qualifications, or major professional achievements?

Employment History *(Begin with most recent)*

Firm's Name:		Starting Date	Leaving Date
Nature of Business:		Month Year	Month Year
Address:	Job title at start:	Starting Pay	Final pay
City: State	Final job title:	\$ per	\$ per
Supervisor's Name:	Title:	Phone: ()	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
# of employees you supervised:		# of supervisors reporting to you:	
Primary Duties:			

Firm's Name:		Starting Date	Leaving Date
Nature of Business:		Month Year	Month Year
Address:	Job title at start:	Starting Pay	Final pay
City: State	Final job title:	\$ per	\$ per
Supervisor's Name:	Title:	Phone: ()	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
# of employees you supervised:		# of supervisors reporting to you:	
Primary Duties:			

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City: State	Final job title:	\$ per	\$ per
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# of employees you supervised:		# of supervisors reporting to you:	
Primary Duties:			

Explain any gaps in your employment, other than those due to personal illness, injury, or disability: _____

If not addressed above, have you ever been fired or asked to resign from a job? _____ Yes No

If yes, please explain:

Military Information

Have you served in the U.S. Armed Forces? Yes No Branch of service _____ No. of months/years served _____
Rank of induction _____ Highest rank attained _____ Are you in the Reserve or National Guard? Yes No
Branch _____ Ready Standby Retired Total months of active duty _____
List any Military education or experience you consider significant to the job for which you are applying _____

List professional and/or scientific organizations with which you are associated, and offices held _____

List your hobbies and interests _____

List any professional awards and/or honors you have received _____

Have you written professional papers or participated in any job-related extracurricular activities? Yes No

If yes, please explain fully _____

References (Persons familiar with your work achievements)

Name	Business Relationship	Business Address	Business and Home Phone	Years Known

Agreement

I agree that nothing contained in this Application or in any policy or work rule of the company shall constitute a contract of employment or a contract or agreement for a definite or specified term of employment. Nor does anything in this Application or in any policy or work rule of the company limit or otherwise restrict my right or the company's right to terminate the employment relationship at any time.

I certify that all statements made in this Application and other supporting documentation are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this Application unfavorably. Falsification of information may result in immediate discharge, if I have been employed. I also understand that my employment is conditioned upon the successful completion of a health assessment, testing for illegal drugs and/or controlled substances, and such employment, education and reference checks deemed necessary. I hereby authorized the release of such information to the company as is required by law and agree to sign any releases so that the company may obtain such information.

I understand this application will remain active for a period of 30 days. If after that time I desire further consideration for employment, I will then renew this application.

I agree that any claim or lawsuit relating to my service with ROKI AMERICA Co., Ltd., or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is subject of the claim or lawsuit. I waive any statute of limitations to the contrary. I, therefore, understand that, if I do not file any claim or lawsuit within six (6) months of the employment action, I have waived my right to do so.

The only persons authorized to change any of the matters set forth above are the President or Vice President of Administration and even then, the commitment would have to be in writing and address specifically the understandings reached in this application.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Agreement

Who completed this application? _____ If someone other than you, please indicate who: _____

Signature of Applicant: _____

Date: _____