

Mellott Advisors LLC

Employment Application

Comment: This application for use in Ohio.

Date:

PERSONAL INFORMATION:

Name:_____ **Social Security Number:**_____

Address:_____

Telephone:_____ **E-mail address**_____

In case of emergency notify:_____ **Telephone:**_____

EMPLOYMENT DESIRED:

Position:_____ **Date available:**_____

Are you employed presently?_____

If so, may we inquire of your present employer?_____

Have you ever applied to Mellott Advisors LLC?_____ **Date:**_____

Who referred you to Mellott Advisors LLC?_____

EDUCATION:

School Level	School Name	Years Attended	Date of Graduation	Subjects Studied

Former Employers: Please list below the last three employers, starting with the present or last one first. All gaps in employment should be explained. Volunteer activities may be included.

Name/Address of Present or Last Employer:			
Dates of Employment: From:		To:	
Hourly Wage:			
Job Title:		May we contact Employer/Supervisor? Yes No	
Names/Title of Supervisor:		Telephone Number:	
Description of Work:			
Reason(s) for leaving:			
Name/Address of Employer:			
Dates of Employment: From:		To:	
Hourly Wage:			
Job Title:		May we contact Employer/Supervisor? Yes No	
Names/Title of Supervisor:		Telephone:	
Description of Work:			
Reason(s) for leaving:			
Name/Address of Employer:			
Dates of Employment: From:		To:	
Hourly Wage:			
Job Title:		May we contact Employer/Supervisor? Yes No	
Names/Title of Supervisor:		Telephone:	
Description of Work:			
Reason(s) for leaving:			
References: Below give the names of three persons, not related to you whom you have known for at least one year.			
Name	Address	Telephone Number	Years Acquainted
Special Studies, Training, Skills:			

I hereby certify that the statements contained in this application or other documents submitted and the statements made during any interview process are true and complete to the best of my knowledge, and I understand that material omissions from or false statements made in this application or other documents submitted or occurring during any interview process shall be grounds for denial of employment or discharge. I authorize the Company to investigate references provided and all statements contained in this application or any other documents submitted or made during any interview process, and I release all parties from all liability for any damage that my result from furnishing any information to the Company. I also indemnify the Company against any liability which might result from making such investigation.

I also consent to voluntarily submit to and authorize the Company, through a physician chosen by it, to conduct a post-offer, pre-employment medical examination as a condition of employment. I also consent to voluntarily submit to and authorize the Company to conduct tests for the illegal use of drugs and I understand that the failure to pass such tests may be grounds for denial of employment or termination, if employed at the time. I also agree to indemnify and hold the Company harmless from any liability which might result from conducting such examination or tests.

I understand and agree that nothing stated in this employment application, in any other document, or in any interview is intended to create an employment contract between the Company and myself for either employment or for providing of any benefit. Likewise, no such contracts are intended to be created from the mere granting of an interview. No promises or guarantees regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing by the Human Resource Director of the Company, and then only for the time specified or, if none is specified, one week.

I understand and agree that, if I am hired, my employment is for no definite period of time. I further understand and agree that, regardless of the date of payment of wages, salary or benefits, my employment, including wages, salary or benefits, may be terminated with or without cause and with or without notice at any time by the Company. In addition, I understand that I likewise may terminate my employment with or without cause and with or without notice at any time.

Signature of Applicant

Date