

EMPLOYMENT APPLICATION
THE MILL-ROSE COMPANY
7995 TYLER BLVD., MENTOR, OH 44060 (440) 255-9171

PLEASE PRINT NEATLY

The Mill-Rose Company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration from employment on a basis prohibited by local, state, or federal law. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

TODAY'S DATE: _____

POSITION APPLYING FOR: _____

HOW WERE YOU REFERRED TO US: _____

PERSONAL INFORMATION

FULL NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
STREET CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER: _____ EMAIL: _____

DATE AVAILABLE TO START: _____ SOCIAL SECURITY NUMBER: - - SALARY DESIRED: _____

PLEASE CIRCLE TYPE OF EMPLOYMENT DESIRED: FULL TIME PART TIME SUMMER TEMP
FIRST SHIFT SECOND SHIFT THIRD SHIFT

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? YES/ NO *(Please circle)*

ARE YOU RELATED TO ANYONE WHO WORKS HERE? YES/ NO *(Please select)*, If so, who? _____

IF UNDER AGE 18, CAN YOU FURNISH A WORK PERMIT? YES/ NO / NOT APPLICABLE *(Please Select)*

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES/ NO *(Please select)*, If yes, when? _____

ARE YOU LEGALLY ALLOWED TO WORK IN THE UNITED STATES? YES/ NO *(Please Select)*
(We use E-Verify to establish both identity and work authorization)

HAVE YOU BEEN CONVICTED OF A FELONY? YES / NO *(Please Select, If yes, please state the nature of the crime(s), when and where convicted, and disposition of the case.*

(Note: no applicant will be denied employment solely on the grounds of a conviction of an offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances, and relevance of the offense(s) to the position(s) applied for may be considered.)

EDUCATION

	NAME & LOCATION	HIGHEST GRADE COMPLETED	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
APPRENTICE, BUSINESS OR VOCATIONAL SCHOOL			
OTHER TRAINING OR SKILLS; FACTORY OR OFFICE MACHINES OPERATED, SPECIAL COURSES, ETC.			

MILITARY

HAVE YOU BEEN OR ARE YOU A MEMBER OF THE ARMED SERVICES? YES / NO; (Please Select), IF YES, IN WHICH BRANCH OF THE MILITARY DID YOU ENLIST? AND, WHAT WAS YOUR RANK WHEN DISCHARGED?

EMPLOYMENT HISTORY

Please list employment for the past **10 years only starting with your present or most recent employer**. Account for all periods, including service with the U.S. Armed Forces. **NOTE: A RESUME DOES NOT REPLACE THIS APPLICATION.**

MONTH / YEAR	NAME, ADDRESS, & PHONE NUMBER OF EMPLOYER	POSITION / DUTIES	SALARY	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

BUSINESS REFERENCES

List (2) people not related to you, whom you have known for at least one year

NAME:	PHONE NUMBER:	EMAIL:	HOW ACQUAINTED:

APPLICATION STATEMENT

1. I certify that the information I have given on this application is true and complete to the best of my knowledge, and I understand that any false information given or the omission of pertinent information made by me on this application or any supplement thereto will be sufficient grounds for immediate discharge.
2. I authorize The Mill-Rose Company to make a thorough investigation of my prior employment(s), my education background, and my personal qualifications. And, I hereby release The Mill-Rose Company, and all persons and/or companies supplying such information from all liability and responsibility in connection with the furnishing of that information.
3. I understand that The Mill-Rose Company considers it imperative that a feeling of mutual confidence and trust exists in its relationships with its employees. For this reason, The Company does not enter into employment contracts in any form. Accordingly, this application for employment and any offer of employment that might be made should not be construed in any way as constituting a contractual commitment between us with respect to duration of employment, level of compensation, or any other terms or conditions that are part of the employment relationship.
4. I consent to taking the pre-employment physical examination and such future examinations as may be required by the Company, and to comply with all rules and regulations of the Company.

DATE

APPLICANT'S SIGNATURE

DO NOT WRITE BELOW THIS LINE – FOR HUMAN RESOURCES DEPARTMENT ONLY

Human Resources Notes:

Phone Interview Date:

In Person Interview Date:

STARTING DATE: _____
CLOCK NUMBER: _____
SUPERVISOR: _____
JOB GRADE: _____
SALARY: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____