



# AutoGate

## Gate Entry Systems

7306 Driver Road • P.O. Box 50  
Berlin Heights, OH 44814  
Ph. 419.588.2796 Fax: 419.588.3514

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### APPLICATION FOR EMPLOYMENT

#### INTRODUCTORY INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Additional Phone Numbers: \_\_\_\_\_

#### APPLICANT QUESTIONS:

Type of work desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ at \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.?  Yes  No

Are you 16 years of age or older?  Yes  No

How were you referred to AutoGate Inc.? \_\_\_\_\_  Yes  No

Have you ever filed an application with us before? If Yes, give date: \_\_\_\_\_  Yes  No

Do any friends or relatives currently work here? If Yes, give name and relationship  Yes  No

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#### MILITARY SERVICE:

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank/Type of Service: \_\_\_\_\_

Job-Related Training/Experience: \_\_\_\_\_

[www.AutoGate.com](http://www.AutoGate.com)

**EDUCATION:**

High School or last grade completed:

Name & Address or School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

College or Technical School:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

Other Schooling or Training:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

**RECORD OF EMPLOYMENT:**

List positions starting with most recent:

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

WORK – RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**STATEMENT: (Please read this statement carefully before signing this application):**

***AutoGate Inc. is an Equal Opportunity Employer***

I understand that employment with AutoGate Inc. (the Organization) is at-will, meaning that I or the Organization may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Organization to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representative or agents for any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Organization requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, I wish to be considered for employment, I must submit a new application. I certify that all the statements in the completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refuse to hire.

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_