OEII Employment Application

			(a) Appu	Came Inne	JI IIIAUU	11		
Full Name:	Last:		First	t:			MI:	Interview Date:	
Address:							Apt. #		
_	City						State	Zip Code	
_							State	Zip Code	
Phone: ()			E-mail Ad	ldress:				
Date Availa	able:	Soci		XXX - X	(X -		_ Desired Sal	ary: _\$	
Position De	esired:								
Are you ab work:		Full Time	☐ Part Time	☐ Shift	t Work				
How did yo hear about		Advertisemer	nt 🗌 Word	of Mouth	☐ Employ	/ment Age	ncy Othe	r	
Are you a c States?	citizen of the	e United	Yes □	No□	If no, are yo U.S.?	ou authoriz	zed to work in	the Yes □	No □
Are you at	least 18 yea	rs of age? Y	es 🗌 No	_	ot, do you po mit?	ossess a val	lid work	Yes 🗌 🔻	
			(b)	Educa	ation and	Trainii	าฐ		
High			(3)				- 8		
School:			Ad	dress:			City	State	Zip
From:	T	o:	Did you _ graduate?		Yes 🗌	No 🗌	Degree:		
College:				dress			City	State	Zip
From:	T -	o:	_ Did you gr	aduate?	Yes 🗌	No 🗌	Degree:		
			(c)	Empl	oyment (Question	ıs		
•		convicted of a case will be con				•		not an automatic ba	ar to
If yes, plea	se explain	and state chai	rge, court da	te and dis	sposition of	case:			
Have you co	ompleted a jo	ob application w	rith us before?		YES 🗌	NO 🗌			
Have you e	ver been em	ployed by us be	fore?		YES 🗌	NO 🗌			
Do you have	e any friends	or relatives em	ployed here?		YES 🗌	NO 🗌			
Can you wo	ork overtime v	when necessary	/?		YES 🗌	NO 🗌			
Do you have	e reliable trai	nsportation?			YES 🗌	№ □			
Can you tra	avel if the jo	ob requires it?			YES 🗌	№ □			
Would you	be willing t	o relocate?			YES 🗌	NO 🗌			

(a) Previous Employment

Starting with your most recent experience and working backwards, list all work experience for at least the past 5 years and any prior experience relevant to this job. Experience may be paid, unpaid, full time, part time, or military. If more space is needed, attach additional pages. A resume may be attached but will not be accepted in lieu of this section.

Company:				I	Phone _	()				
Address:		City	State	Zip	Su	pervisor:				
Job Title:		Start	ing Salary:	\$				Ending Salary:	\$	
Responsibilities: _										
From:	To:	Reason	for Leaving	;						
May we contact you	r previous supe	rvisor for a rel	ference?	Yes 🗌	No [
Company:				I	Phone:	()				
Address:		City	State	Zip	Su	pervisor:				
Job Title:		Start	ing Salary:	\$				Ending Salary:	\$	
Responsibilities:										
From:										
			(b) I	Referen	ces					
Full Name				Relationship				Years Known:		
Occupation						Phone:	()			
					City		State	Zip		
Full Name:				Relation	ship			Years Kno	wn:	
Occupation						Phone:	()	l		
Address					City		State	Zip		
Full Name:				Relation	ship			Years Kno	wn:	
Occupation						Phone:				
A 11					City		State			
			Disclain					•		
I certify that I, the usapplication. I furthe		olicant, or an a	gent repres	enting me	in my p	resence,				
Signature:							Da	ate:		