OEII Employment Application

			(a) .	Appli	cant Info	ormauo	11				
Full Name: Last: Address		First:					MI:	Interview _ Date:			
:							Apt. #				
_	City						State	Zip	Code		
Phone : _()	F-mail Address									
Date Availa	able:		Social Security No.:	XXX - X	X -		_ Desired Sal	ary: <u></u> \$			
Position De	esired:										
Are you ab work:		☐ Full Time		_ Shift							
How did you hear about us?											
Are you a c States?	citizen o	of the United	Yes □ 1		If no, are yo U.S.?	ou authoriz	ed to work in		Yes □	No 🗌	
Are you at least 18 years of age? Yes No No Permit? No Yes \											
			(b) F	Educa	tion and	Trainii	าฐ				
High							- 5				
School:			Addre	ess:			City	S	tate	Zip	
From:		То:	Did you graduate?		Yes 🗌	No 🗌	Degree:				
College: _			Addro :	ess 			City	S	tate	Zip	
From:		To:	Did you grad	uate?	Yes 🗌	No 🗌	Degree:				
			(c)]	Emplo	yment (Questior	ıs				
Have you ever been convicted of a crime other than a traffic violation? (Note: A conviction is not an automatic bar to employment. Each case will be considered on its own merits.) Yes \(\subseteq \text{No} \subseteq \text{No} \subseteq										· to	
If yes, plea	se exp	lain and state	charge, court date	and disp	position of o	case:					
Have you co	omplete	d a job applicat	ion with us before?		YES 🗌	NO 🗌					
Have you e	ver beer	n employed by	us before?		YES 🗌	NO 🗌					
Do you have	e any fri	ends or relative	es employed here?		YES 🗌	NO 🗌					
Can you wo	rk overt	ime when nece	ssary?		YES 🗌	ΝО □					
Do you have reliable transportation? YES ☐						ΝО □					
Can you tra	avel if t	he job require	es it?	YES 🗌	NO 🗌						
Would you	be will	ing to relocate	e?		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:		Starti	ing Salary:	\$				Ending Salary:	\$
Responsibilities: _									
From:	То:	Reason	for Leaving	:					
May we contact your	r previous super	visor for a ref	erence?	Yes 🗌	No [
Company:				I	Phone:	()			
Address:		City	State	Zip	Su	pervisor:			
Job Title:		Starti	ing Salary:	\$				Ending Salary:	\$
Responsibilities:									
From:									
			(b) I	Referen	ces				
Full Name			Relationship					Years Kno	wn:
Occupation						Phone:	_()		
Address					City		State	Zip	
Full								Years Kno	wn:
Occupation						Phone:	_()		
Address					City		State	Zip	
Full Name:				Relation	ship			Years Kno	wn:
Occupation						Phone:		.	
4.11					City		State		
			Disclain						
I certify that I, the use application. I furthe		licant, or an a	gent repres	enting me	in my p	resence,			
Signature:							Da	ate:	