

Application for Employment



Personal Information

Date: ____ / ____ /20__

Name of Applicant:		Social Security Number:	
Present Address:	City:	State:	Zip Code:
Permanent Address:	City:	State:	Zip Code:
Home Phone:	Email Address:		
Cell Phone:	Referred by:		

Employment Desired

Position:	Date you can start:	Hourly wage desired:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied at OHCO before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

Availability

Amount of hours desired per week:	Are you available nights? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please fill in the times to and from that you are available						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Education History

Name and Location of School	Year Graduated	Areas Studied
High School		
College		
Other		
Subjects of special study or research:		
Languages Spoken:	U.S. Military or Naval Service:	
Languages Written:	Rank:	

Former Employers

Date	Name of Employer	Salary	Position	Reason for leaving

References

Name and Affiliation	Phone Number	E-Mail Address	Years Known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is written and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state

Date _____ Signature _____

Interviewed By _____ Date _____

Date of Hire _____

Please attach resume with submission of Employment Application.