

O'BRIEN SERVICE COMPANY

Employment Application



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

How did you learn about us?

- Advertisement Friend Inquiry
 Employment Agency Relative Other _____

APPLICANT INFORMATION									
Position Applied For:									
Last Name		First		M.I.		Date			
Street Address							Apartment/Unit #		
City		State		ZIP					
Phone Nos.		E-mail Address							
Date Available		Social Security No.			Desired Salary				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Best time to contact you at home is: _____:_____ (AM/PM)									
If you are under 18 years of age, can you provide required proof of eligibility to work:						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever filed an application with us before?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If Yes, give date _____									
Have you ever been employed with us before?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If Yes, give date _____									
Do any of your friends or relatives, other than spouse, work here?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If Yes, state name, relationship and location _____									
Are you currently employed?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
May we contact your present employer?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<i>Proof of citizenship or immigration status will be required upon employment</i>									
Are you available to work: <input type="checkbox"/> Full Time (Please indicate 1 2 3 shift) <input type="checkbox"/> Part Time (Please indicate Mornings Afternoon Evenings) <input type="checkbox"/> Temporary (Please indicate dates available: ____ / ____ to ____ / ____									
Are you currently on "lay-off" status and subject to recall?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Can you travel if a job requires it?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		

EDUCATION

High School		Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

MILITARY SERVICE

Branch		From		To	
Rank at Discharge		Type of Discharge			
If other than honorable, explain:					

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Responsibilities			
From		To	
Reason for leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Responsibilities			
From		To	
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Responsibilities			
From		To	
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

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Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Comments: Include explanation of any gaps in employment.						
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.						
Describe any job-related training received in the United State military.						
List professional, trade, business or civic activities and offices held. <i>(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)</i>						
ADDITIONAL INFORMATION:						
Other Qualifications <i>(Summarize special job-related skills and qualifications acquired from employment or other experience.)</i>						
SPECIALIZED SKILLS: (Skills/Equipment Operated)						
<input type="checkbox"/> Terminal <input type="checkbox"/> Spreadsheet <input type="checkbox"/> PC/MAC <input type="checkbox"/> Word Processing						
Production/Mobile Machinery (list):						
Other (List):						
<i>State any additional information you feel may be helpful to us in considering your application.</i>						

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you physically perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____ YES _____ NO

REFERENCES

Please list three professional references. Do not include family members.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an *at will* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *at will* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If this application leads to employment, I understand that false or misleading information given in my application or interview(s) may result in my release. I understand also that I am required to abide by all rules and regulations of the employer.

Signature		Date	
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