Employment Application

Please Type of Print

					Date:	
Name:				Social Secu	rity #:	
Address:						
	St	treet	City		State	Zip
		e: ct You:		ening:		
Position De	sired:		Sa	lary Desired:		
Check Type	of Emp	oloyment Desired:Full T	ime	Part Time	Contracto	or
Check Days	s Availal	ble:MonTue	_Wed	ThursF	FriSat _	Sun
Hours Avai	lable:		Will	ling to Work Ov	vertime?Y	esNo
Are You:						
Yes	No	18 Years of age or older?				
Yes	No	Legally authorized to work in	the United	States?		
Yes	No	A licensed driver with a good	driving red	cord and a car a	vailable for wo	rk?
Yes	No	Related to anyone employed b	oy this orga	nization? Pleas	se Specify:	
Yes	No	A former Applicant?				
Yes	No	A former Employee?				
Yes	No	Is there any information we we to be able to check your work	c/education	record.	e or use of anot	her name for us
Yes	No	If yes, please specify Are you able to perform the e with or without reasonable ac	ssential fun commodat	nctions of the join?	b for which you	ı are applying
Yes	No	If no, please specify:			pility to perform	n the job for
		Type of License and Nu	umber	Issued by (Sta	ite) Ez	xpiration Date
How were	you refe	erred to our organization?				
Advert	isement	: Name of Publication:				
Emplo	yee: Na	me of Employee:				
Emplo	yment A	agency: Name of Employment	Agency:			
Other:		····				
					Initial:	

_	1			. •			
E	dι	10	2	tı,	~	n	٠

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Level	Name & Location (City & State)	From (Mo & Yr)	To (Mo & Yr)	Major/Course of Study	Degree/Diploma	Graduation Date (Mo & Yr)
High School						
College/University						
Graduate School						
Other: Tech, Voc. Post, Grad, etc.						

Employment Record:

Complete employment history below. When possible, please go back four (4) employers or ten (10) years. List most recent first.

recent mst.					
Company Name & Address	Name of Supervisor	Type of Work	From (Mo & Yr)	To (Mo & Yr)	Reason for Leaving

May	we contact	vour current	employment ⁶	? Yes	No

Professional Reference:

List three persons, not related to you, whom you have known at least one year, and can provide a professional reference.

Name	Address	Business	Day Time Phone #

Initia	1.			

 Which lang 	guages do you speak?
2. Which lang	guages do you read?
3. Which lang	guages do you write?
YesNo	Have you ever had disciplinary action taken against you as a professional? If yes, please explain below:
YesNo	Have you ever had any legal action taken against you as a professional? If yes, please explain below:
YesNo	Have you ever had any professional license denied or revoked in any state? If yes, please explain below:
	nt: O.P.E., Inc. to obtain any job-related information from law enforcement or other state ant criminal records or substantiated reports on child abuse/neglect, elderly abuse or
domestic violence. employment, therefo	I further understand that information thus obtained may be used in deciding to offer me ore, I have attached a written statement explaining any such reports if their existence is e or if I have not already explained them in response to other questions on this
the employment of u	s application is not a contract of employment. I understand that federal law prohibits inauthorized aliens. All persons hired must submit satisfactory proof of employment entity, and failure to submit such proof will result in denial of employment.
given on this applicanamed therein, exce	employer will thoroughly investigate my work and personal history and verify all date ation, on related papers and in interviews. I authorize all individuals, schools, and firms pt my current employer if so noted, to provide any information requested about me, and all liability for damage in providing this information.
	ements herein are true and understand that any falsification or willful omission shall be dismissal or refusal of employment.
Applicant's Signatur	re: Date:
	Initial: