

Complete & Fax to _____ or email to _____



Name	Last	First	Middle	Social Secu	ırity Number
Address	Stree	ŀt	City	State	Zip
Are you 18 y	ears or older?	Ph	one Number		
Emergency	Conta	act Name	Address	Ph	one Number

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?

Position	Date Available	Salary Desired	
Are You Employed Now?	Present Employer?		
Ever work for OAC before?	Where?	When?	
Reason for Leaving			
Name of last Supervisor at O	AC?		

How were you referred to OAC?





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High School Name and Location	Years Attended	Did You Graduate	Study Areas
College Name and Location	Years Attended	Did You Graduate	Study Areas
Trade School and Location	Years Attended	Did You Graduate	Study Areas

List special skills, training, certifications or licenses you have completed.

Driver's License Number

Have you ever been convicted of a felony or misdemeanor within the last 5 Year? Describe, if Yes. You will not be denied employment solely of a conviction record, unless the offense is related to the job which you have applied.

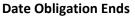
Branch of Service

Discharge Date

Rank

Was Discharge Honorable?

Present National Guard or Reserve Membership







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1. Name of Present or Last E	mployer Phone Number	
Address		
Starting Date	Leaving Date	
Starting Salary	Final Salary	
Job Title	May we contact your Supervisor?	
Name and Title of Supervisor	Phone Number	
Description of Work		
Reason for Leaving		
2. Name of Present or Last E	mployer Phone Number	
Address		
Starting Date	Leaving Date	
Starting Salary	arting Salary Final Salary	
Job Title	May we contact your Supervisor?	
Name and Title of Supervisor	Phone Number	
Description of Work		
Reason for Leaving		





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3.	Name of Present or Last Er	nployer Phone Number	
Ad	ldress		
Sta	arting Date	Leaving Date	
Sta	arting Salary	Final Salary	
Job Title I		May we contact your Supervisor?	
Na	me and Title of Supervisor	Phone Number	
De	escription of Work		
Re	ason for Leaving		

Name	Phone#	Nature of Relationship	Years Acquainted
1			
2			
3			

Please provide any additional information that you believe will be helpful to the OAC Human Resources staff in the evaluation process.





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- 1. I understand and agree that I may be required to take a physical examination as a condition of hiring or continued employment I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).
- 2. I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.
- 3. In consideration of my employment, I agree to conform to the Company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company.

Application will remain active for 60 days. After 60 days you must fill out a new application.

Date

Printed Name

Signature

