

OAC PRE-EMPLOYMENT QUESTIONNAIRE
Complete & Fax to [redacted] or email to [redacted]



A. PERSONAL INFORMATION

Name Last First Middle Social Security Number

Address Street City State Zip

Are you 18 years or older? Phone Number

Emergency Contact Name Address Phone Number

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

B. EMPLOYMENT DESIRED

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 OAC?

How were you referred to OAC?



C. EDUCATION

High School Name and Location	Years Attended	Did You Graduate	Study Areas
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College Name and Location	Years Attended	Did You Graduate	Study Areas
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Trade School and Location	Years Attended	Did You Graduate	Study Areas
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List special skills, training, certifications or licenses you have completed.

Driver's License Number

D. SPECIAL QUESTIONS

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.

E. MILITARY SERVICE RECORD

Branch of Service	Discharge Date	Rank	Was Discharge Honorable?
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Present National Guard or Reserve Membership	Date Obligation Ends
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F. FORMER EMPLOYMENT

1. Name of Present or Last Employer **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 Employer **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



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3. Name of Present or Last Employer 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

G. REFERENCES

Name	Phone#	Nature of Relationship	Years Acquainted
1			
2			
3			

H. ADDITIONAL INFORMATION

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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I. AUTHORIZATION & CONSENT

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