



## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

OTM does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by federal, state or local laws or regulations. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. Equal access to programs, services, and employment is available to all qualified persons.

Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: . . . . . Full-time Part-time Temporary employment? When could you start work? \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Present Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you 18 years of age or older? . . . . . Yes No (If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? . . . . . Yes No

Have you ever applied here before? . . . . . Yes No If yes, when? \_\_\_\_\_

Were you ever employed here? . . . . . Yes No If yes, when? \_\_\_\_\_

If employed, do you expect to be engaged in any additional business or employment outside of our job? . . . . . Yes No

If yes, give details: \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? . . . . . Yes No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? . . . . . Yes No

If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held.

(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

**LIST NAME AND ADDRESS OF SCHOOLS**Number of  
Years  
CompletedDiploma/  
Degree/  
CertificateSubjects  
Studied

Studied High School or GED: \_\_\_\_\_

College or University: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_

What skills or additional training do you have that relate to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that relate to the job for which you are applying? \_\_\_\_\_

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment (Mo/Yr) \_\_\_\_\_ to \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Supervisor(s) \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment (Mo/Yr) \_\_\_\_\_ to \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Supervisor(s) \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment (Mo/Yr) \_\_\_\_\_ to \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Supervisor(s) \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment (Mo/Yr) \_\_\_\_\_ to \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Supervisor(s) \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Do we have your permission to contact your current and/or previous employers? . . . . . Yes No**

Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodations? ..... Yes No

NOTE: We comply with ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

Have you worked or attended school under any other names? ..... Yes No

If yes, give names: \_\_\_\_\_

Are you presently employed? ..... Yes No

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? ..... Yes No

If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

Name

Address

Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application for employment will remain active for 6 months**