

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER



International, Inc.

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age, veteran status, or any other status as protected by applicable law. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. To be considered for employment, you must meet all minimum qualifications required for the position for which you are applying. All applications will remain active for __ days.

(ANSWER ALL QUESTIONS COMPLETELY.)

PERSONAL DATA

Name _____ Date _____
(Last) (First) (Middle)

Address _____ Telephone: Home ____ / _____

Are you at least 18 years of age? Yes No Business ____ / _____
(If under 18, hire is subject to verification that you are of minimum legal age.)

Are you authorized to work in the United States? Yes No
(If you are hired, you will be required to furnish proof of your employment eligibility.)

Other names used in prior employment _____

GENERAL INFORMATION

Applying for position as _____ Salary desired _____
 Full-Time Part-Time Temporary (Title)

Date available _____ Would you object to shift work? Yes No

Would you be willing to work overtime if required? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Have you previously applied for employment with our company? Yes No

If so, when? _____ Type of position for which you applied _____

How were you referred to our company?
 Employee Advertisement School Drop in Agency Other

Name of referral source indicated above _____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No
If yes, state the nature of the crime(s), when and where convicted, and disposition of the case. (see "Convictions," page 4)

Have you ever been involuntarily discharged from a position? Yes No

If yes, give dates and circumstances _____

EMPLOYMENT

**LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT.
INCLUDE SELF-EMPLOYMENT AND VOLUNTEER WORK. ATTACH AN ADDITIONAL SHEET, IF NECESSARY.**

Current, or last, employer _____ Employed from _____ to _____
Street address _____ Salary start _____ per _____ finish _____ per _____
City _____ State _____ Zip _____ Telephone ____ / _____
Name and title of
Immediate supervisor _____ Your title _____
Description of duties _____
Reason(s) for terminating, or considering a change _____
May we contact this employer for a reference while we are considering your application? Yes No

Current, or last, employer _____ Employed from _____ to _____
Street address _____ Salary start _____ per _____ finish _____ per _____
City _____ State _____ Zip _____ Telephone ____ / _____
Name and title of
Immediate supervisor _____ Your title _____
Description of duties _____
Reason(s) for terminating, or considering a change _____
May we contact this employer for a reference while we are considering your application? Yes No

Current, or last, employer _____ Employed from _____ to _____
Street address _____ Salary start _____ per _____ finish _____ per _____
City _____ State _____ Zip _____ Telephone ____ / _____
Name and title of
Immediate supervisor _____ Your title _____
Description of duties _____
Reason(s) for terminating, or considering a change _____
May we contact this employer for a reference while we are considering your application? Yes No

Current, or last, employer _____ Employed from _____ to _____
Street address _____ Salary start _____ per _____ finish _____ per _____
City _____ State _____ Zip _____ Telephone ____ / _____
Name and title of
Immediate supervisor _____ Your title _____
Description of duties _____
Reason(s) for terminating, or considering a change _____
May we contact this employer for a reference while we are considering your application? Yes No

Current, or last, employer _____ Employed from _____ to _____
Street address _____ Salary start _____ per _____ finish _____ per _____
City _____ State _____ Zip _____ Telephone ____ / _____
Name and title of
Immediate supervisor _____ Your title _____
Description of duties _____
Reason(s) for terminating, or considering a change _____
May we contact this employer for a reference while we are considering your application? Yes No

Current, or last, employer _____ Employed from _____ to _____
Street address _____ Salary start _____ per _____ finish _____ per _____
City _____ State _____ Zip _____ Telephone ____ / _____
Name and title of
Immediate supervisor _____ Your title _____
Description of duties _____
Reason(s) for terminating, or considering a change _____
May we contact this employer for a reference while we are considering your application? Yes No

EMPLOYMENT (Continued)

Please explain any gaps in your employment history. Attach an additional sheet if necessary.

EDUCATION	PRINT NAME, CITY AND STATE FOR EACH SCHOOL LISTED	DATES	TYPE OF COURSE OR MAJOR	GRAD- UATE?	DEGREE RECEIVED
High School					
College		From _____ To _____			
College		From _____ To _____			
Other Education		From _____ To _____			
Other Education		From _____ To _____			

Are you presently in school? Yes No If yes, give expected completion date _____

List courses you are taking _____

SPECIAL SKILLS

List applicable professional or technical licenses / certifications relative to your ability to perform the functions of the position for which you are applying _____

List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying _____

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience. _____

ABILITY TO PERFORM JOB

Are you able to perform the essential functions of the job for which you are applying, either with our without reasonable accomodation? If no, describe the functions that cannot be performed. (Note: we comply with state and federal disability requirements and will engage in the interactive process to determine reasonable essential functions. Hire may be subject to passing a medical examination and to skill and agility tests if required by the job.) _____

PERSONAL REFERENCES*

* Not relatives

NAME	ADDRESS AND PHONE NUMBER	FIRM NAME, ADDRESS AND PHONE NUMBER	POSITION OR OCCUPATION	HOW LONG KNOWN

LIST BELOW THE NAMES OF RELATIVES EMPLOYED BY THIS COMPANY AND THEIR RELATIONSHIP TO YOU

NOTE: The Company encourages its employees to receive payroll via direct deposit; however, if you choose to receive a printed check, a small administrative fee may be charged for this service in the future.

CONVICTIONS: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for, may be considered.

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company's discretion.

In the event I am employed by the company, I agree that during the term of my employment I will not engage in any activity to the detriment of the company and will not discuss with any customer or potential customer of the company any plans of myself or employees to leave employment with OSS and affiliated companies to compete with the company. Further, I will devote substantially all of my time, attention, and energies to the business of the company and will diligently perform all duties incident to my employment; I will use my best effort to promote the interests and goodwill of the company; and will perform such other duties commensurate with my position as I may be assigned.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

I also understand that my employment is conditional upon my satisfactorily passing a drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of employment with the company.

Signature of Applicant

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize (OSS) OSS International to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release from the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgement) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____ Date

_____ Applicant's Signature



NOTICE TO APPLICANTS

DRUG SCREENING IS REQUIRED AS A STANDARD PART OF THE PRE-EMPLOYMENT - POST OFFER PHYSICAL EXAMINATION

OSS has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks not only for the user but to the public, our customer and all those who work with the user. The sale of illegal drugs or controlled substances also may pose unacceptable risks to safe, healthful and efficient operations.

An offer of employment by OSS is conditioned on the prospective employee "receiving a satisfactory result on the drug screening test."

By completing and signing this Notice, the applicant understands and agrees to submit to pre-placement post office drug screening. The applicant further understands and agrees to release OSS and its director, officers, agents, employees, parents, subsidiaries and affiliated concerns from all liability, claims, demands, damages and causes of action of every kind and nature arising out of the pre-employment - post offer drug screening and any decision concerning employment made by OSS, in whole or in part, based upon the results of the pre-employment - post offer drug screening.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH OSS. Refusal of any applicant to agree to pre-employment - post offer drug screening at this time does not preclude an applicant for employment with OSS at some future date when the applicant will agree to conform to our policies.

Signature of Applicant

Date

Printed Name (Please Print Clearly)



International, Inc.

NOTICE TO APPLICANTS

An inquiry into your professional or personal history includes contact with agencies or entities for information on your professional or personal activities and experiences, as disclosed on your application form, and inquiry into your other available and pertinent references.

I authorize and consent to the retrieval and release of all relevant information me by OSS.

Date: _____

Signature: _____

Printed Name: _____

The information on this page is requested to facilitate retrieval of records. This document will be forwarded to your prior employer and other agencies to begin background check upon job offer only.

Name: _____ Maiden Name / Alias: _____

Social Security No: _____ Date of Birth: _____

Driver's License / ID No: _____ State Issued: _____

Current Address: _____

City, State, Zip Code: _____

Please indicate if you wish to receive a copy of your Investigative Consumer Report

Yes No

