



Application for Employment

Please Note: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required your application may not be accepted. If you have no information to enter in a section please write N/A. Print all information requested except for your signature at the end.

General Information				
Name (First,MI,Last):		Social Security Number:		
Mailing Address:				
City, State, Zipcode:				
Telephone:		Alternate Phone:		
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:		
Job Type				
Position Desired:		Wage Desired:		
What are the days and hours you are available to work?			Are you able to work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of position are you seeking? <input type="checkbox"/> Full-time Job <input type="checkbox"/> Part-time job <input type="checkbox"/> Full or Part-time job			Date Available to begin:	
Education				
School	Location (Mailing Address)	Years Completed	Major	Degree Earned Y/N
Certifications:				
Military				
Have you been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Entered:		
		Discharge Date:		
Are you now a member of the National guard? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Entered:		



Application for Employment

		Discharge Date:	
Specialty :			
Work Experience			
<i>Please enter your most recent work experience first. You may attach a resume in lieu of completing this entire section.</i>			
Company:	Name of Last Supervisor:		Hours/week:
Address:		Start Date:	Starting Salary:
City, State, and Zip code:		End Date:	Final Salary:
Phone Number:		Your last job title:	
Reason for Leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company:	Name of Last Supervisor:		Hours/week:
Address:		Start Date:	Starting Salary:
City, State, and Zip code:		End Date:	Final Salary:
Phone Number:		Your last job title:	
Reason for Leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company:	Name of Last Supervisor:		Hours/week:
Address:		Start Date:	Starting Salary:
City, State, and Zip code:		End Date:	Final Salary:



Application for Employment

Phone Number:	Your last job title:
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Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Information

Have you ever been employed at Odessa Separator in the past? Yes No

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. Yes No

References

Name	Number	Email	Relationship

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on this form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for immediate dismissal. I understand that all such information is subject to verification by the company. I hereby give my consent to Odessa Separator to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the company may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the company may terminate my employment at any time.

Signature: _____ Date: _____