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| APPLICATION FOR EMPLOYMENT | | |
| Non-Discrimination Policy: O.H. Burg Corporation is committed to the principle of equal opportunity in employment. The Company does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in employment. | | |
| GENERAL INFORMATION | | Date |
| Position(s) Applied For (1)                              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (2)                                         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Referral Source  Friend  Relative  Employment Agency  Internet Search  Walk-in Other\_\_\_\_\_\_\_\_\_\_ | | |
| Name | | |
| Last First Middle | | |
| Address | | |
| Number Street City State Zip | | |
| Home Telephone (     )                      Cell Phone (      ) | E-mail address | |
| If under 18, can you provide a work permit?  Yes  No  Have you ever filed an application here before?  Yes  No If yes, give date                      Have you ever been employed here before?  Yes No If yes, give date                      Are you currently employed?  Yes  No  If yes, may we contact your employer?  Yes  No  Are you legally authorized to work in the United States?  Yes  No  Employment desired:  Full-Time  Part-Time  Shift Work  Temporary  Overtime  When are you available for work?                      Are you on a lay-off and subject to recall?  Yes  No  Can you travel if a job requires it?  Yes  No | | |

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| EDUCATION | | | | | | | | | | |
| TYPE OF SCHOOL | | NAME OF SCHOOL | LOCATION (Complete mailing address) | | | | | NUMBER OF YEARS COMPLETED | | MAJOR & DEGREE |
| High School | |  |  | | | | |  | |  |
| College | |  |  | | | | |  | |  |
| Graduate School | |  |  | | | | |  | |  |
| Bus. or Trade School | |  |  | | | | |  | |  |
| Professional School | |  |  | | | | |  | |  |
| Special Honors | | | | | | | | | | |
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| COMPUTER SKILLS (Only for positions which require computer skills)  Check off those computer skills with which you are proficient (any version). | | | | | | | | | | |
| PC User | Macintosh User | | | Windows | | | Microsoft Word | | Microsoft Access | |
| Microsoft Excel | Microsoft Publisher | | | Web Page Design/ Maintenance | | | E-mail | | Internet | |
| Other. Please list | | | | | | | | | | |
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| DRIVER’S LICENSE (Only for positions which require driving) | | | | | | | | | | |
| Do you have a driver’s license?  Yes  No | | | | | | | | | | |
| Driver’s license  number                                State of issue             Operator  Commercial (CDL) Chauffeur | | | | | | | | | | |
| Expiration date | | | | | | | | | | |
| Have you had any accidents during the past three years?  Yes  No | | | | | | How many? | | | | |
| Have you had any moving violations during the past three years  Yes  No | | | | | | How many? | | | | |
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| MILITARY | | | | | | | | | | |
| Are you a veteran of the United States military service?  Yes  No If yes, what branch? | | | | | | | | | | |
| If yes, Date Entered                          Date Discharged | | | | | | | | | | |
| If yes, please describe any special skills or training acquired while in the service: | | | | | | | | | | |
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| OTHER SPECIAL SKILLS  Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc. | | | | | | | | | | | |
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| WORK EXPERIENCE  Please list your work experience beginning with your most recent job. If you were self-employed, give firm name. Attach additional sheets if necessary. | | |
| Most Recent Employer | Dates Employed  From:                  To: | Work Performed |
| Address | Supervisor |
| Job Title | Reason for Leaving |
| Employer | Dates Employed  From:                  To: | Work Performed |
| Address | Supervisor |
| Job Title | Reason for Leaving |
|  | | |
| Employer | Dates Employed  From:                  To: | Work Performed |
| Address | Supervisor |
| Job Title | Reason for Leaving |
|  | | |
| Employer | Dates Employed  From:                       To: | Work Performed |
| Address | Supervisor |
| Job Title | Reason for Leaving |

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| REFERENCES Please list two references other than relatives or previous employers. | |
| Name | Name |
| Position | Position |
| Company | Company |
| Address | Address |
|  |  |
| Telephone (     ) | Telephone (     ) |
| WAIVERS AND DISCLOSURES  Please read each section carefully and sign where indicated.  AT-WILL EMPLOYMENT  It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.­­­­­­­­­­­­­­­  CERTIFICATION OF TRUTH AND ACCURACY  I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.  NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION  I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the Company’s designated health practitioner.  NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION  I understand that I may be subject to a background check, and hereby authorize O.H. Burg Corporation, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.  Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.  I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.  MASSACHUSETTS LAW  Under Massachusetts Law, it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.­­­­­­­­­­­­­­­  PLEASE SIGN HERE:                                                    Date | |
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