

APPLICATION FOR EMPLOYMENT



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

Position Applied For: _____ Today's Date: _____
When Can You Start? _____ Desired Salary: _____
Full-time Part-time Temporary/Seasonal Waldo Richwood Delaware

It is the policy of the Company to provide equal opportunity with regard to all terms and conditions of employment. The Company with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

APPLICANT

Please list the following personal information, as indicated below.

Last Name _____ First Name _____ Middle Initial _____
Address _____ City _____ State _____ Zip Code _____
(_____) _____ @ _____
Home Telephone Number _____ Cellular Telephone Number _____ Email Address _____
_____-_____-_____ If hired, can you furnish proof that you are eligible to work in the US? Yes No
Social Security Number _____
Have you ever applied here before? Yes No If yes, when? _____
Were you ever employed here? Yes No If yes, when? _____
Are you now or do you expect to be engaged in any other business or employment? Yes No
If yes, please explain: _____

DRIVING RECORD

Please complete the following section if you are applying for any job that requires driving/operating equipment.

Do you have a valid driver's license? Yes No
License Number: _____ Issuing State: _____ Class: _____
Have you had any vehicle accidents during the past three (3) years in which you were at fault? Yes No
If yes, please describe: _____
Have you had any moving violations (speeding tickets, etc.) during the past three (3) years? Yes No
If yes, please describe the dates & nature of the violation(s): _____
Has your driver's license been suspended or revoked in the last three (3) years? Yes No
If yes, please describe the dates & nature of the suspension: _____

EMPLOYMENT

Beginning with your most recent, please list all employer information from the last five years.

if employment is current. -->
 if employment is current. -->

Employer Name	_____	()	_____
Address	_____	City, State and Zip Code	_____
Job Title	_____	Supervisor Name	_____
Work Performed (Including Types Of Equipment Or Vehicles Operated)	_____		
Reason For Leaving	_____		
		Telephone Number	_____
		Fax Number	_____
		From:	To:
		Dates Employed (mm/yy)	
		Start:	Ending:
		Hourly Rate/Salary	

if employment is current. -->
 if employment is current. -->

Employer Name	_____	()	_____
Address	_____	City, State and Zip Code	_____
Job Title	_____	Supervisor Name	_____
Work Performed (Including Types Of Equipment Or Vehicles Operated)	_____		
Reason For Leaving	_____		
		Telephone Number	_____
		Fax Number	_____
		From:	To:
		Dates Employed (mm/yy)	
		Start:	Ending:
		Hourly Rate/Salary	

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Employer Name	_____	()	_____
Address	_____	City, State and Zip Code	_____
Job Title	_____	Supervisor Name	_____
Work Performed (Including Types Of Equipment Or Vehicles Operated)	_____		
Reason For Leaving	_____		
		Telephone Number	_____
		Fax Number	_____
		From:	To:
		Dates Employed (mm/yy)	
		Start:	Ending:
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Employer Name	_____	()	_____
Address	_____	City, State and Zip Code	_____
Job Title	_____	Supervisor Name	_____
Work Performed (Including Types Of Equipment Or Vehicles Operated)	_____		
Reason For Leaving	_____		
		Telephone Number	_____
		Fax Number	_____
		From:	To:
		Dates Employed (mm/yy)	
		Start:	Ending:
		Hourly Rate/Salary	

EDUCATION

Please list the following information, including names & addresses, for any applicable educational institutions.

High School or GED No. of Years Completed Diploma/Degree/Certificate

College or University No. of Years Completed Diploma/Degree/Certificate

Vocational or Technical No. of Years Completed Diploma/Degree/Certificate

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? _____

REFERENCES

Please list two (2) references, not including relatives or former employers.

Name Address Telephone Number ()

Name Address Telephone Number ()

PRIOR RESIDENCE

Please list any prior places of residence during the last three (3) years. Use additional paper, if necessary.

Street Address City, State and Zip Code From: To: Dates Of Residence

Street Address City, State and Zip Code From: To: Dates Of Residence

COMMENTS

Please list any other relevant information that may assist us in making employment decisions.

AFFIDAVIT

Please read the following carefully, then sign and date in the appropriate space.

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 understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of all statements 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/organizations from any legal liability in making such statements.

I understand that I may be required to successfully pass a screening for alcohol and illegal drug use. I also understand that such screenings may be required at any point during my employment. I hereby consent to pre- and / or post-employment alcohol and drug screenings as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. 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 CAUSE 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 a limited time. Ask a Company representative for details.]

Disclosure and Authorization Form

Last Name _____ First Name _____ MI _____

Address _____ City/State _____

County/Zip Code _____ Social Security # _____

Driver's License # _____ State issued _____

Other Names Used (including maiden) _____

Race (circle one): race classifications are provided by the U.S. Department of Commerce, Bureau of the Census, and are for identification purposes only
Aleut American Indian Asian Black Eskimo Hispanic Pacific Islander White Other

Date of Birth* _____ (mm/dd/yyyy)

* Date of Birth is requested only to ensure accuracy of records.

I authorize *OHIGRO, Inc.* to obtain information through a consumer report regarding my employment suitability and qualification. This may include information on my past employment and education, criminal records, wants and warrants, credit history, motor vehicle records, personal references and other job related data. Information may be obtained through personal interviews of neighbors, friends, or other with whom you are associated or acquainted. This inquiry includes, where appropriate, information regarding your character, general reputation, personal characteristics, mode of living and drug testing in accordance with company policy. *OHIGRO, Inc.* is utilizing the services of Validex Employment Screening Services, a consumer reporting agency, to obtain a consumer report or an investigative consumer report with the above information and I authorize *OHIGRO, Inc.* to do so. I understand I have the right to request within a reasonable period of time to receive additional information about the nature and scope of the investigation. I request and authorize the appropriate individuals, companies, institutions, or agencies to release information to Validex and to *OHIGRO, Inc.* and I release them from any liability as a result of such inquiries or disclosures. I also release *OHIGRO, Inc.* and Validex from any and all liability with respect to the release or dissemination of any such information. I understand and agree that my employment, promotion, or retention may be determined in whole or in part based on the reports issued to *OHIGRO, Inc.*

A photocopy of this signed authorization will have the same effect as the original.

Signature: _____ Date: _____

Printed Name: _____