



An Equal Opportunity Employer

For Office Use Only:
Date Received: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

This application is active for one year.

OEA Choice Trust will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.

INSTRUCTIONS

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. PLEASE PRINT

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

Employment status sought: Full-time [ ] Part-time [ ] Temporary [ ] Seasonal [ ]

When are you available for employment? \_\_\_\_\_

PERSONAL DATA

Last Name First Name Middle Initial

Present Street Address City State Zip Code

Telephone Number

Are you at least 18 years of age? Yes [ ] No [ ]

Have you ever applied here before? Yes [ ] No [ ] When? \_\_\_\_\_

Were you ever employed here? Yes [ ] No [ ] When? \_\_\_\_\_

Are you eligible to work in the United States? Yes [ ] No [ ]

Do you have any commitments or agreements with another employer which might affect your employment here? Yes [ ] No [ ]

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

### EDUCATION

| Name, Address and Location of School   | Highest Grade Completed | Did You Graduate?        |
|--|-------------------------|--------------------------|
| High School: _____<br>_____  |                         |                          |
| College or University: _____<br><br>College Major: _____<br><br>Degree: _____      |                         |                          |
| <b>Additional Educational and/or Vocational or Technical Training Information:</b> | <b>Courses Taken</b>    | <b>Courses Completed</b> |
| School: _____  |                         |                          |
| School: _____  |                         |                          |
| School: _____  |                         |                          |

### QUALIFICATIONS & SPECIAL SKILLS

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

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). **PLEASE GIVE MONTH AND YEAR.**

|  |               |                    |  |
|--|---------------|--------------------|--|
| Employer                               |               | Supervisor         |  |
| Address                                |               | Phone              |  |
| Dates Employed<br>From:            To: | Position Held | Reason for Leaving |  |
| Duties:                                |               |                    |  |
|  |               |                    |  |

|  |               |                    |  |
|--|---------------|--------------------|--|
| Employer                               |               | Supervisor         |  |
| Address                                |               | Phone              |  |
| Dates Employed<br>From:            To: | Position Held | Reason for Leaving |  |
| Duties:                                |               |                    |  |
|  |               |                    |  |

|  |               |                    |  |
|--|---------------|--------------------|--|
| Employer                               |               | Supervisor         |  |
| Address                                |               | Phone              |  |
| Dates Employed<br>From:            To: | Position Held | Reason for Leaving |  |
| Duties:                                |               |                    |  |
|  |               |                    |  |

|  |               |                    |  |
|--|---------------|--------------------|--|
| Employer                               |               | Supervisor         |  |
| Address                                |               | Phone              |  |
| Dates Employed<br>From:            To: | Position Held | Reason for Leaving |  |
| Duties:                                |               |                    |  |
|  |               |                    |  |

## REFERENCES

Give three references, not relatives or former employers.

| <u>Name</u> | <u>Address</u> | <u>Phone</u> | <u>Yrs. Acquainted</u> | <u>Occupation</u> |
|-------------|----------------|--------------|------------------------|-------------------|
|             |                |              |                        |                   |
|             |                |              |                        |                   |
|             |                |              |                        |                   |
|             |                |              |                        |                   |

## AFFIDAVIT

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application, may be contacted by OEA Choice Trust. These references are authorized to give OEA Choice Trust any and all pertinent information they may have. I release all persons or entities involved, including OEA Choice Trust, from all liability arising from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by OEA Choice Trust

I authorize OEA Choice Trust to conduct a criminal history check after an initial interview or conditional offer of employment and understand that unexpunged criminal convictions may be considered by OEA Choice Trust in making hiring decisions.

I agree to conform to all OEA Choice Trust's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between OEA Choice Trust and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and OEA Choice Trust has the same right.

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