



APPLICATION FOR EMPLOYMENT

DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ DOB: _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____ How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes A conviction does not automatically bar you from employment.

If yes: Nature of Offense _____ Date of Offense _____ Penalty _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No Driver's License Number _____

State of issue: _____ Operator Commercial (CDL) Chauffeur. Expiration Date: _____

HAVE YOU EVER BEEN IN THE ARMED FORCES OR NATIONALGUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Do you have any Computer Skills? if so, please list: _____

Please list three references. Prefer references other than relatives.

Name: _____ Name: _____ Name _____

Telephone: _____ Telephone: _____ Telephone: _____



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Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
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Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No



Did you complete this application yourself Yes No **If not, who did?** _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Optimal Behavioral Support Services** (hereinafter called "OBSS"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **OBSS**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of **OBSS**. Both the undersigned and **OBSS** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give **OBSS** permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release **OBSS** from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, **OBSS** will request from a consumer reporting agency an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living. A complete criminal background check will be conducted. Upon written request from me, **OBSS**, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with **OBSS** shall be probationary for a period of 90 days, and further that at any time during the probationary period or thereafter, my employment relation with **OBSS** is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

OBSS is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with **OBSS** depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.