On Site Management, Inc. Application for Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Personal Information	ion				Date _		
Name	_ast	First		Middle			
	_asi	FIISt		Middle			
Present Address	Street		City		State	Zip	
Permanent Address							
	Street		City		State	Zip	
Home phone			Are you 18	years of age o	older? Yes	() No()	
Mobile phone	Nobile phone Email Address						
In Case of Emergend	cy, Notify						
		Last		First			
	Address		Home	Phone	N	lobile	
Do you have a valid o	lriver's license? Yes()No()						
Are you prevented from lawfully becoming employedHave you ever been convicted of a felony? Yes () Noin this country because of visa or immigration status? Yes () No ()Describe						y? Yes ()No ()	
Employment Desir	red						
Position:			Date you can start:		Salary desired:		
Are you employed now?				If so, may we inquire with			
Have you ever applied to this company before?			your current employer?				
Referred by:							
Education	Name & Location of S	School	Years attended	Did you graduate?	Su	ubjects Studied	
High School							
College							
Trade, Business or Correspondence School							
General							
Special Skills:							
Do you know CPR an	d/or First Aid procedures?						
Special study or resea	arch work:						
Activities: (civic, athle	tic, etc.)						
Exclude organizations, t	he name of which indicates the race, crea	ed, sex, age, marital st	atus, color or r	nation of origin of its	members.		
U.S. Military Service Rank			Active Duty Nati Guard or Reserv				
,							

OSM is second to none in dedication to quality, skill, and safety. We believe that each employee contributes directly to OSM's success, and we hope all employees will take pride in being a member of our team.

Former Employers

List last three employers, starting with the most recent one.

Date	Employer Name & Address	Salary	Position	Reason for Leaving		
From						
То						
From						
То						
From						
То						

Which of these jobs did you like best?

What did you like most about this job?

References List the names of three persons not related to you, whom you have known at least one year.

Name	Address / Phone	Business	Years Acquainted
1			
2			
3			

Please read the following carefully:

"I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

 Date
 Signature

 DO NOT WRITE BELOW THIS LINE

 Interviewed By

 Date

 Remarks

 Position Hired

 Start Date

 Salary

OSM is second to none in dedication to quality, skill, and safety. We believe that each employee contributes directly to OSM's success, and we hope all employees will take pride in being a member of our team.