



OCSEA APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

Date: ____/____/____

PERSONAL INFORMATION

Name: _____

Last
First
Middle
Social Security Number

Address: _____

Street (include Apt#)
City
State
Zip

Cell: (____) _____ Home: (____) _____ Work (if okay to call): (____) _____

Are you 18 years of age or older? yes no Email: _____

Are you prevented from lawfully becoming employed in the United State of America because of VISA or immigration status? yes no

EMPLOYMENT DESIRED

Position: _____ Start Date: ____/____/____ Salary Desired: \$ _____

Are you related to or friends with any employee(s) of OCSEA? yes no If yes, who? _____

Have you ever applied to OCSEA before? yes no If yes, What position? _____ If yes, When? ____/____/____

Have you ever worked for OCSEA before? yes no If yes, What position? _____ If yes, When? ____/____/____

Reason for leaving: _____

Who referred you to this position? Employment Agency Newspaper - which one? _____

OCSEA Website Internet Site - which one? _____

State Employment Office College Placement - which college? _____

Other: _____

EDUCATION

School Level	Name & Location	# of Years Attended	Graduate? Y or N	Honors Received	Course of Study or Major
High School					
College					
Graduate/Professional					
Trade or Correspondence					

GENERAL

Subjects of Special Study or Research Work: _____

Special Training: _____

Special Skills: _____

Union Positions Held: _____

Computer Skills/Software Experience: _____

Other: _____

FORMER EMPLOYERS (List the last three starting with present or most recent employer listed first) (DO NOT ANSWER "See Resume")

1 - Name of Next Employer: _____ **Type of Business:** _____

Address: _____
Street City State Zip
 Employer Telephone (_____) _____ - _____ Start Date: ____/____/____ End Date: ____/____/____
 Starting Salary: \$_____ Ending Salary: \$_____ Position Held/Description of Work: _____
 Reason for termination: _____ Ever disciplined? If so, for what? _____
 How much notice did you give when resigning? _____ If none, explain _____
 Name of Supervisor/Title: _____ Contact #: (_____) _____
 May we contact Supervisor? yes no If no, why? _____

2 - Name of Next Employer: _____ **Type of Business:** _____

Address: _____
Street City State Zip
 Employer Telephone (_____) _____ - _____ Start Date: ____/____/____ End Date: ____/____/____
 Starting Salary: \$_____ Ending Salary: \$_____ Position Held/Description of Work: _____
 Reason for termination: _____ Ever disciplined? If so, for what? _____
 How much notice did you give when resigning? _____ If none, explain _____
 Name of Supervisor/Title: _____ Contact #: (_____) _____
 May we contact Supervisor? yes no If no, why? _____

3 - Name of Next Employer: _____ **Type of Business:** _____

Address: _____
Street City State Zip
 Employer Telephone (_____) _____ - _____ Start Date: ____/____/____ End Date: ____/____/____
 Starting Salary: \$_____ Ending Salary: \$_____ Position Held/Description of Work: _____
 Reason for termination: _____ Ever disciplined? If so, for what? _____
 How much notice did you give when resigning? _____ If none, explain _____
 Name of Supervisor/Title: _____ Contact #: (_____) _____
 May we contact Supervisor? yes no If no, why? _____

REFERENCES

Name (First & Last)	Address/City/State/Zip	Business	Phone No(s)	Years Acquainted

MILITARY RECORD

Branch of Service: _____ Discharge Date: ____/____/____ Rank: _____
 Present Membership In National Guard or Reserves: _____ Date Obligation Ends: ____/____/____

I certify that all the 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 organization'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 organization'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 organization. I understand that no organization representative, other than its Executive Director, and then only when in writing and signed by the Executive Director, 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.

SIGNATURE: _____ **Date:** ____/____/____