

**OCSEA APPLICATION FOR EMPLOYMENT
(AN EQUAL OPPORTUNITY EMPLOYER)**

Date: ____ / ____ / ____

PERSONAL INFORMATION

NAME _____

LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

ADDRESS _____

STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? Yes No PHONE NO () APARTMENT NO.

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: \$ _____

ARE YOU RELATED TO OR FRIENDS WITH ANY EMPLOYEE OF OCSEA? Yes No If yes, who: _____

EVER APPLIED TO THIS ORGANIZATION BEFORE? Yes No What position? _____ When? _____

EVER WORK FOR THIS ORGANIZATION BEFORE? Yes No What position? _____ When? _____

REASON FOR LEAVING: _____

NAME OF LAST SUPERVISOR AT THIS ORGANIZATION: _____ WORK PHONE () _____

WHO REFERRED YOU TO THIS ORGANIZATION? EMPLOYMENT AGENCY NEWSPAPER ADVERTISEMENT (which newspaper? _____) OCSEA WEBSITE INTERNET SITE (which site? _____) STATE EMPLOYMENT OFFICE COLLEGE PLACEMENT (which college? _____) OTHER _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No IF YES, PLEASE EXPLAIN _____

EDUCATION

SCHOOL LEVEL	NAME and LOCATION OF SCHOOL	NO OF YEARS ATTENDED?	DID YOU GRADUATE?	MAJOR SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

UNION POSITIONS HELD _____

COMPUTER SKILLS/SOFTWARE, knowledgeable in the following: _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS _____

STREET

CITY

STATE

ZIP

START DATE / /

STARTING ANNUAL SALARY \$

LEAVING DATE / /

FINAL ANNUAL SALARY \$

MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? Yes No

IF NO, STATE REASON: _____

NAME OF SUPERVISOR & TITLE: _____

SUPERVISOR PHONE NO () _____

POSITION HELD: _____

REASON FOR LEAVING: _____

DESCRIPTION OF WORK: _____

NAME OF NEXT RECENT EMPLOYER: _____

ADDRESS _____

STREET

CITY

STATE

ZIP

START DATE / /

STARTING ANNUAL SALARY \$

LEAVING DATE / /

FINAL ANNUAL SALARY \$

MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? Yes No

IF NO, STATE REASON: _____

NAME OF SUPERVISOR & TITLE: _____

SUPERVISOR PHONE NO () _____

POSITION HELD: _____

REASON FOR LEAVING: _____

DESCRIPTION OF WORK: _____

NAME OF NEXT RECENT EMPLOYER: _____

ADDRESS _____

STREET

CITY

STATE

ZIP

START DATE / /

STARTING ANNUAL SALARY \$

LEAVING DATE / /

FINAL ANNUAL SALARY \$

MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? Yes No

IF NO, STATE REASON: _____

NAME OF SUPERVISOR & TITLE: _____

SUPERVISOR PHONE NO () _____

POSITION HELD: _____

REASON FOR LEAVING: _____

DESCRIPTION OF WORK: _____

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS/CITY/STATE/ZIP	BUSINESS	PHONE NO(s)	ACQUAINTED
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1. _____

2. _____

3. _____

MILITARY RECORD

BRANCH OF SERVICE _____

DISCHARGE DATE / /

RANK: _____

PRESENT MEMBERSHIP IN _____

DATE

NATIONAL GUARD OR RESERVES: _____

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: _____