



OS inc. Employment Application

We are an Equal Opportunity Employer

You must complete entire application and sign where indicated.

Date:

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)

Telephone

() -

Email Address:

Social Security Number

Are there other names under which you have worked or attended school? ☐ Yes ☐ No

If yes, please list for reference checking purposes.

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

(If hired, you will be required to provide proof of work authorization.)

Are you at least 18 years old? ☐ Yes ☐ No

If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever applied at this company before?

☐ Yes ☐ No If yes, when:

Have you ever worked at this company before?

☐ Yes ☐ No If yes, when:

Position Applying For

**Part-Time or Full-Time
Desired**

Salary Preference

Shift Preference

When can you start?

How were you referred to the company? ☐ Agency

☐ Website

☐ Friend/Relative

☐ Social Media ☐ School ☐ Other:

If relevant, please describe computer proficiency, software knowledge, and office equipment experience.

Education

| School | Name & Location (city, state) | Number of Years Attended | Major subjects | Diploma or Degree Received |
|------------------|----------------------------------|-----------------------------|----------------|---|
| High: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Type: |
| Graduate: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Type: |
| Other (specify): | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Type: |

Training Courses

List any relevant training programs completed.

| Course/Seminar | Organization Sponsoring | Content | Date(s) Attended |
|----------------|-------------------------|---------|------------------|
| | | | |

Employment History (start with most recent; use separate sheet if necessary)

| | | | |
|--|--|-----------------------------------|-----|
| Name of Employer: | | Telephone () - | |
| Address: | | | |
| Job Title: | | Employment Dates (month and year) | |
| Name of Immediate Supervisor: | | From: | To: |
| Rate of Pay: | | | |
| Reason for Leaving: | | | |
| If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of Employer: | | Telephone () - | |
| Address: | | | |
| Job Title: | | Employment Dates (month and year) | |
| Name of Immediate Supervisor: | | From: | To: |
| Rate of Pay: | | | |
| Reason for Leaving: | | | |
| Name of Employer: | | Telephone () - | |
| Address: | | | |
| Job Title: | | Employment Dates (month and year) | |
| Name of Immediate Supervisor: | | From: | To: |
| Rate of Pay: | | | |
| Reason for Leaving: | | | |
| Name of Employer: | | Telephone () - | |
| Address: | | | |
| Job Title: | | Employment Dates (month and year) | |
| Name of Immediate Supervisor: | | From: | To: |
| Rate of Pay: | | | |
| Reason for Leaving: | | | |



Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

| | |
|---------------|-----------------------|
| Name: | Telephone () - |
| | Email Address: |
| Address: | |
| Relationship: | How long known? |
| Name: | Telephone () - |
| | Email Address: |
| Address: | |
| Relationship: | How long known? |
| Name: | Telephone () - |
| | Email Address: |
| Address: | |
| Relationship: | How long known? |

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a pre-employment criminal background check and drug screening will be required.
4. I understand that upon receiving a job offer, I will be checked for exclusion from participation in the Medicare and Medicaid programs and this is a condition of employment.
5. Regardless of whether I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.
6. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.
7. Unsolicited applications for positions not posted will be considered active for a period of 30 days.

Signed by _____ Date _____

Thank you for your interest in OS Inc.