Please Note: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required your application may not be accepted. If you have no information to enter in a section please write N/A. Print all information requested except for your signature at the end.

|  |
| --- |
| **General Information** |
| **Name (First,MI,Last):** | **Social Security Number:** |
| **Mailing Address:** |
| **City, State, Zipcode:** |
| **Telephone:** | **Alternate Phone:** |
| **Are you under 18 years of age?** **Yes No** | **Email:** |
| **Job Type** |
| **Position Desired:** | **Wage Desired:** |
| **What are the days and hours you are available to work?** | **Are you able to work nights?** **Yes No** |
| **What type of position are you seeking?** **Full-time Job Part-time job Full or Part-time job** | **Date Available to begin:** |
| **Education** |
| **School** | **Location (Mailing Address)** | **Years Completed** | **Major** | **Degree Earned Y/N** |
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| **Certifications:** |
| **Military** |
| **Have you been in the armed forces? Yes No** | **Date Entered:****Discharge Date:** |
| **Are you now a member of the National guard? Yes No** | **Date Entered:****Discharge Date:** |
| **Specialty :** |
| **Work Experience** |
| **Please enter your most recent work experience first. You may attach a resume in lieu of completing this entire section.** |
| **Company:** | **Name of Last Supervisor:** | **Hours/week:** |
| **Address:** | **Start Date:** | **Starting Salary:** |
| **City, State, and Zip code:** | **End Date:** | **Final Salary:** |
| **Phone Number:** | **Your last job title:** |
| **Reason for Leaving:** | **May we contact this employer?** **Yes No** |
| **Company:** | **Name of Last Supervisor:** | **Hours/week:** |
| **Address:** | **Start Date:** | **Starting Salary:** |
| **City, State, and Zip code:** | **End Date:** | **Final Salary:** |
| **Phone Number:** | **Your last job title:** |
| **Reason for Leaving:** | **May we contact this employer?** **Yes No** |
| **Company:** | **Name of Last Supervisor:** | **Hours/week:** |
| **Address:** | **Start Date:** | **Starting Salary:** |
| **City, State, and Zip code** | **End Date:** | **Final Salary:** |
| **Phone Number:** | **Your last job title:** |
| **Reason for Leaving:** | **May we contact this employer?**  **Yes No** |
| **Additional Information** |
| **Have you ever been employed at Odessa Separator in the past? Yes No** |
| **I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. Yes No**  |
| **Have you ever been convicted of,or entered a plea of guilty, no contest, or had a withheld judgement to a felony?** **Yes No****If yes, Please explain:****Date of Offense:****Nature of Offense:** |
| **References** |
| **Name** | **Number** | **Email** | **Relationship** |
|  |  |  |  |
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| **I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on this form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for immediate dismissal. I understand that all such information is subject to verification by the company. I hereby give my consent to Odessa Separator to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the company may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the company may terminate my employment at any time.****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |