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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | | | | | | | | | | |
| **Name (First, MI, Last):** | | | | | |  | | | | | | | | |
| **Mailing Address:** | | | | | | | | | | | | | | |
| **City, State, Zip code:** | | | | | | | | | | | | | | |
| **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:**  **Are you able to read, write and speak fluent English?** | | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **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** | | |
| **Description of Duties:** | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | |  | | |
| **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** | | |
| **Description of Duties:** | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | |  | | |
| **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** | | |
| **Description of Duties:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **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** | |
| **Description of Duties:** | | | | | | | | | | | | | | |
| **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? Are you currently on probation or parole?**  **Yes No**  **If yes to any afore mentioned, please explain:**  **Date of Offense:**  **Nature of Offense:** | | | | | | | | | | | | | | |
| **References** | | | | | | | | | | | | | | |
| **Name** | **Number** | | | **Email** | | | | | | **Relationship** | | | | |
|  |  | | |  | | | | | |  | | | | |
|  |  | | |  | | | | | |  | | | | |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | |