

It is the policy of the OMPC to provide employment, training, compensation, promotion and other conditions of employment based on qualifications, without regard to race, color, religion, sex, sexual orientation, age, national origin, veteran status, or disability.

Applicant Information (please print)

| | | | |
|-------------------|-------|---------------------------|--|
| Name _____ | | Date of Application _____ | |
| Last | First | Middle | |
| Address _____ | | | |
| Number and Street | | | |
| _____ | | | |
| Telephone _____ | | Social Security No. _____ | |

Job Interest

| | |
|--|--|
| Position Desired _____ | |
| Wages or Salary Expected \$ _____ | Per Hr. <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> (please check one) |
| Other Positions for Which you are Qualified _____ | |
| _____ | |
| Date Available for Employment _____ | |
| Were you Ever Employed by the OMPC? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If Yes, Where? _____ | Dates _____ |
| | From To |

Education and Training

| | | | | |
|--|-------------|-------------|---------------|----------------|
| Circle Highest Grade Completed in Each School Category | | | | |
| Grade School | High School | Tech School | College | Grad School |
| 1 2 3 4 5 6 7 8 | 9 10 11 12 | 1 2 | 1 2 3 4 | 1 2 3 4 |
| | Name | Location | Course/Degree | Class Standing |
| Grade School | | | | |
| High School | | | | |
| College | | | | |
| Graduate School | | | | |
| Apprentice, Business, Technical, Military or Vocational School | | | | |
| Other Training or Skills (Factory or Office Machines Operated, Special Courses, Military Training, etc.) | | | | |

Other Job-Related Activities

| |
|---|
| List professional, trade, business or civic activities and offices held (exclude groups that indicate race, color, religion, sex or national origin). |
| |
| |
| |

Convictions

| | | | |
|---|------------------------------|-----------------------------|--------------------|
| Have you ever been convicted of a felony? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (please check one) |
| Have you ever been convicted of a misdemeanor committed within the past five years, or were you imprisoned for a misdemeanor which occurred more than five years ago? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (please check one) |
| If Yes to either of above questions, please explain fully. This information will not necessarily bar an applicant from employment. | | | |
| | | | |
| | | | |
| | | | |

Employee Release and Privacy Statement

Please read this carefully before signing:

I understand that the OMPC requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the OMPC to investigate my past employment, educational credentials and other employment-related activities. I agree to cooperate in such investigations, and release those parties supplying such information to the OMPC from all liability or responsibility with respect to information supplied.

I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above-mentioned investigations will be sufficient grounds for immediate discharge, if I am employed.

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

Medical History

| | | |
|--|---------------------------------|--|
| Birth Date: _____ | Height: _____ Feet _____ Inches | Weight: _____ Pounds |
| Check Yes or No: | | |
| Have you ever been treated by any physician or other practitioner for, or had any known indication of: | | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | a. Heart trouble, or murmur, chest pain, high blood pressure or abnormal pulse? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | b. Brain or nerve disease, dizziness, epilepsy, severe headaches, unconsciousness, paralysis, nervous breakdown or other nervous or mental disorder? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | c. Kidney, bladder or prostate disease, stones, or other diseases of the genitourinary organs? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | d. Lung disease, pleurisy, chronic cough or asthma? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | e. Indigestion or ulcers, colitis or diarrhea, rectal disease or hemorrhoids, rupture, gall bladder or liver disease? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | f. Albumin, sugar, blood, pus in urine or diabetes? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | g. Cancer, syphilis, or tuberculosis? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | h. Gout, arthritis, rheumatism or rheumatic fever? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | i. Back or spinal disorder? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | j. Goiter or thyroid disorder? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | k. Have you, within the past 5 years, ever been in any hospital, sanitarium or institution for observation, rest, diagnosis, treatment or operation? If yes, explain: |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | l. Have you, within the past 5 years, ever been advised by any physician to have an operation which has not been performed? If yes, explain: |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | m. Have you, within the past 5 years, ever applied for or received benefits, compensation on account of sickness, or injury? If yes, explain: |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | n. Have you ever been discharged or deferred from service in the Armed Services for physical or mental reasons? |
| <p>I HEREBY DECLARE THAT ALL ANSWERS TO THE ABOVE QUESTIONS ARE TRUE.</p> <p style="text-align: right;">Signature of Applicant: _____</p> | | |