

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).

Employment History

Please read carefully before starting. List all employment starting with **present** or **most recent** employer. Account for all periods, including unemployment and **service with the Armed Forces**. Also include relevant voluntary and/or part-time work experience. Use additional sheet if necessary.

Employer	Dates	Hourly Rate / Salary
Address	From: Mo. Year	Starting: \$ per
	To: Mo. Year	Final: \$ per
	Describe Major Duties	
Job Title		
Department		
Supervisor	Reason for Leaving	

Employer	Dates	Hourly Rate / Salary
Address	From: Mo. Year	Starting: \$ per
	To: Mo. Year	Final: \$ per
	Describe Major Duties	
Job Title		
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Employer	Dates	Hourly Rate / Salary
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Employer	Dates	Hourly Rate / Salary
Address	From: Mo. Year	Starting: \$ per
	To: Mo. Year	Final: \$ per
	Describe Major Duties	
Job Title		
Department		
Supervisor	Reason for Leaving	

Military

Were you in the US Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/> (please check one)	
If yes, what branch?	
Date Entered	Date Discharged
Final Rank	

Military experience should have been included in Employment History on this page.

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 also understand that OMPC may conduct a criminal background check if I become an employee, and that I will be required to submit to and pass a drug screen.

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
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<p>I HEREBY DECLARE THAT ALL ANSWERS TO THE ABOVE QUESTIONS ARE TRUE.</p>	<p>Signature of Applicant:</p>
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