



Employment Application

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip Code
Home Phone Cell Phone

E-mail Address: Social Security Number

Employment Desired

Position applying for:

Personal Information

Have you ever applied to or worked for OFFICE RESOURCES. before? Yes No
If yes, when?

Were you referred to OFFICE RESOURCES. by another company?

Company Name

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No
If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. ***You must complete this section even if attaching a resume.***

COMPANY _____

Address _____

City _____ State _____ Zip Code _____

Dates of Employment:

From _____ To _____

Job Title _____

Your Supervisor's Name _____ Title _____

(_____) _____

Telephone No. _____

Starting: \$ _____ Ending: \$ _____
per _____

Brief description of duties _____

May we contact this employer for a reference? Yes No

COMPANY _____

Address _____

City _____ State _____ Zip Code _____

Dates of Employment:

From _____ To _____

Job Title _____

Your Supervisor's Name _____ Title _____

(_____) _____

Telephone No. _____

Starting: \$ _____ Ending: \$ _____
per _____

Brief description of duties _____

May we contact this employer for a reference? Yes No

COMPANY _____

Address _____

City _____ State _____ Zip Code _____

Dates of Employment:

From _____ To _____

Job Title _____

Your Supervisor's Name _____ Title _____

(_____) _____

Telephone No. _____

Starting: \$ _____ Ending: \$ _____
per _____

Brief description of duties _____

May we contact this employer for a reference? Yes No
Education, Training and Experience

High School Graduate? Yes No

References

List below two persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	_____
Name	Phone Number	Relationship
_____	_____	_____
Name	Phone Number	Relationship

Emergency Contact

List below two persons we may contact in the event of an emergency.

_____	_____	_____
Name	Phone Number	Relationship
_____	_____	_____
Name	Phone Number	Relationship

Please Read Carefully, Initial Each Paragraph and Sign Below

 Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

 Initials I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release OFFICE RESOURCES., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

 Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or OFFICE RESOURCES., and that no promises or representations contrary to the foregoing are binding on OFFICE RESOURCES. unless made in writing and signed by me and the company's designated representative.

 Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by OFFICE RESOURCES. I am entitled to copies of any such public records obtained by OFFICE RESOURCES. unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

 Date Applicant's Signature



Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____

Sex: Male Female

Race/Ethnicity: American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 Hispanic
 White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran
 Disabled Veteran
 Individual with a Disability

To be completed by employer:

EEO-1 Category:

<input type="checkbox"/> 1. Officials and managers	<input type="checkbox"/> 6. Crafts - skilled
<input type="checkbox"/> 2. Professionals	<input type="checkbox"/> 7. Operatives - semi-skilled
<input type="checkbox"/> 3. Technicians	<input type="checkbox"/> 8. Laborers - unskilled
<input type="checkbox"/> 4. Sales	<input type="checkbox"/> 9. Service workers
<input type="checkbox"/> 5. Office and clerical	

Employer information completed by:

Name

Date