

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

Date: ____ / ____ / ____

Employment Desired

Position	Date You Can Start	Salary Desired	Type of Employment Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever applied to ORBC/OCS before? YES <input type="checkbox"/> NO <input type="checkbox"/>		Where?	When?

Personal Information

Last Name First Name Middle Name

Address (Number, Street, City, State, Zip Code)

Social Security Number	Home Telephone Number	Referred By
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Education

High School Attended and Location	No. of Years Completed	Did you graduate?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
College Attended and Location	No. of Years Completed	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

General

Special Courses or Training

Experience/Skills Related to the Position for Which You Are Applying

Office/Secretarial Applications

Skill/Aptitude	Years of Experience	Words Per Minute	Software Used
Typing			
Shorthand			
Word Processing			
List secretarial training courses completed and any other training which may be helpful in considering your application.			

Employment History (List Present or Most Recent Positions First)

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
Reason for Leaving			

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
Reason for Leaving			

State any additional information you feel may be helpful to us in considering your application.

Other Experience

In this section, list any job experience not listed above that most directly relates to the job for which you are now applying.			
Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
Reason for Leaving			
I certify that the information provided is true and correct.		Signature _____	