

Ozark Foam InSEALators, Inc.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Social Security No. _____ Applying For: _____

Desired Salary: \$ _____ Date Available: _____

What category would you prefer? Full Time Part Time Temporary

Which schedules are you available? Days Weekends Evenings Nights Overtime Other

Will you work overtime if asked? Yes No Are you willing to travel? Yes No

Do you have a valid driver's license? Yes No

Have you had any traffic violations in the last 3 years? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If the answer to either of the above is yes, please explain: _____

Have you ever had a back injury? Yes No

Have you ever drawn compensation for job injuries? Yes No

If yes, list date and type of injury, and length of disability: _____

Do you have any medical condition that will prevent you from performing the work that you are applying for?
 Yes No

If yes, please explain: _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Education

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

Name	City/State	Graduated	Degree Type
High School		Yes No	
College		Yes No	
Other		Yes No	

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: (_____) _____
Full Name: _____ Relationship: _____
Company: _____ Phone: (_____) _____
Full Name: _____ Relationship: _____
Company: _____ Phone: (_____) _____

Previous Employment

Company: _____ Phone: (_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No
Company: _____ Phone: (_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No
Company: _____ Phone: (_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, please explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____