

Application for Employment

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

PERSONAL INFORMATION

Date _____

Name _____
First Middle Last

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Phone Numbers Home () _____ Cell () _____
(please list only those you wish to be contacted at) Work () _____ Pager () _____

E-mail _____ How did you hear about Optivus? _____

EMPLOYMENT INFORMATION

Date you can start? _____

Position Applying for: _____ Salary Desired: _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

Have you ever applied to Optivus or PerMedics before? _____ When? _____

Are you willing to work overtime? Yes No

If driving is a requirement of the job for which you are applying, do you have a current valid driver's license?
If driving is a requirement of the job for which you are applying, continued employment is contingent upon your maintaining a current driver's license. Yes No

If a minor, can you produce the age/work certificate necessary to obtain employment? Yes No

Are you able to, at the time of employment, to submit verification of your legal right to work in the United States?
Verification and completion of the I-9 form must be submitted no later than three business days after date of hire. Yes No

Have you ever been convicted of a felony? *(A conviction record will not necessarily be a bar to employment.) If so, please attach a full description of the felony conviction(s) listing the nature of the offense(s) and your rehabilitation since the conviction(s).* Yes No

EDUCATIONAL BACKGROUND	School
High School – Check highest grade completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12/GED Major Area of Study: _____	Name: _____ Address: _____ Phone: _____
College – Check highest grade completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Major Area of Study: _____	Name: _____ Address: _____ Phone: _____
Trade, Business, or Graduate School Major Area of Study: _____	Name: _____ Address: _____ Phone: _____

Specialized technical skills (i.e. computer programmer/language, equipment operation, special tools or machines used)

My initials certify my applicant statement on the last page of this application: _____

WORK EXPERIENCE

List your former employers beginning with your most recent place of employment. Volunteer or intern work may be included.

Employer Name _____

Supervisor Name & Title _____

Employer Address _____ Phone: _____

Start Date _____ End Date _____ Reason for Leaving _____

Compensation: Base Salary _____ Benefits _____ Other _____

Position(s) Held _____ May we contact? Yes No

Description of Duties _____

Employer Name _____

Supervisor Name & Title _____

Employer Address _____ Phone: _____

Start Date _____ End Date _____ Reason for Leaving _____

Compensation: Base Salary _____ Benefits _____ Other _____

Position(s) Held _____ May we contact? Yes No

Description of Duties _____

Employer Name _____

Supervisor Name & Title _____

Employer Address _____ Phone: _____

Start Date _____ End Date _____ Reason for Leaving _____

Compensation: Base Salary _____ Benefits _____ Other _____

Position(s) Held _____ May we contact? Yes No

Description of Duties _____

Employer Name _____

Supervisor Name & Title _____

Employer Address _____ Phone: _____

Start Date _____ End Date _____ Reason for Leaving _____

Compensation: Base Salary _____ Benefits _____ Other _____

Position(s) Held _____ May we contact? Yes No

Description of Duties _____

Add additional sheets if necessary.

My initials certify my applicant statement on the last page of this application: _____

REFERENCES

Give the names of at least three persons not related to you, whom you have known at least three years.

Name _____ Occupation _____

Relationship to Applicant _____ Number of Years Known _____
 (i.e. coworker, supervisor, etc.)

Address: _____

Phone Number: _____

Name _____ Occupation _____

Relationship to Applicant _____ Number of Years Known _____
 (i.e. coworker, supervisor, etc.)

Address: _____

Phone Number: _____

Name _____ Occupation _____

Relationship to Applicant _____ Number of Years Known _____
 (i.e. coworker, supervisor, etc.)

Address: _____

Phone Number: _____

Name _____ Occupation _____

Relationship to Applicant _____ Number of Years Known _____
 (i.e. coworker, supervisor, etc.)

Address: _____

Phone Number: _____

AUTHORIZATION

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on this application may result in my disqualification or dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history, employment history, and financial and credit record* through any investigative or credit agencies or bureaus of your choice.

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees and representatives, for damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against this company as a result of its use of the information that it obtains in this investigation. A copy of this document is the same as an original.

In making this application for employment I authorize you to undertake an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made.

* Should a consumer report be processed, you are entitled to receive a copy. Please indicate below if you would like a copy.

Yes _____ No _____
 (Initials) (Initials)

The attached personal information disclosed on the attached Court Check Inc. form is for investigative purposes only and will be kept separate from any application materials.

Signature of Applicant _____ Date _____