

WORK EXPERIENCE: Provide a complete description of all jobs. Be specific. Start with your most recent job. For part-time work, show the average number of hours per week. Indicate any changes in job title with the same employer as a separate job.

Employer	Type Of Business	Street Address	
Job Title	Reason For Leaving	City, State, Zip Code)	
Name of Supervisor	Length of Employment		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Duties	From (Month & Year)	To (Month & Year)	

Employer	Type Of Business	Location (Street Address, City, State, Zip Code)	
Job Title	Reason For Leaving		
Name of Supervisor	Length of Employment		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Duties	From (Month & Year)	To (Month & Year)	

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Employer	Type Of Business	Location (Street Address, City, State, Zip Code)	
Job Title	Reason For Leaving		
Name of Supervisor	Length of Employment		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Duties	From (Month & Year)	To (Month & Year)	

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? YES NO FORMER EMPLOYER? YES NO

HAVE YOU WORKED FOR OSW BEFORE? YES NO Which Dept? _____ What Year(s)? _____

HAVE YOU EVER DONE ANY VOLUNTEER WORK? ? YES NO IF YES, DESCRIBE: _____

REFERENCES (List three other than former employers or relatives.)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

Please read carefully before signing.

OSW Equipment & Repair, LLC is an equal opportunity employer. OSW Equipment & Repair, LLC does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for OSW Equipment & Repair, LLC to hire me. If I am hired, I understand that either OSW Equipment & Repair, LLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of OSW Equipment & Repair, LLC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to OSW Equipment & Repair, LLC true and complete information on this application. No requested information has been concealed. I authorize OSW Equipment & Repair, LLC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

APPLICANT SIGNATURE _____

Date: _____

HOW DID YOU LEARN OF OUR JOB OPENINGS? INDEED IN PERSON SCHOOL OTHER _____