

OTO'S MARKETPLACE

Employment Application

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, or religion.



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	

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Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES		
<i>Please list three professional references.</i>		
Full Name	Relationship	Years Acquainted
Company	Phone ()	
Address		
Full Name	Relationship	
Company	Phone ()	
Address		
Full Name	Relationship	
Company	Phone ()	
Address		

PHYSICAL RECORD: Do you have physical conditions which may limit your ability to perform the job applied for?
In case of emergency, notify: _____ Phone: _____

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
I authorize investigation of all statements contained in this application and certify that the facts contained in this application (and any resume submitted herewith) are true and complete to the best of my knowledge. I understand that any misrepresentations, false statements, omissions of facts or events is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Oto's Marketplace. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.	
Signature _____	Date _____

DO NOT WRITE BELOW:		
Interviewed by: _____	Date: _____	
Remarks: _____	Neatness: _____	Character: _____