

## **OSW Equipment & Repair, LLC**



## PLEASE PRINT OR TYPE ALL INFORMATION

LAST NAME	FIRST NAME			MIDDLE NAME				
APPLICATION FOR POSITION OF:	TODAY'S DATE			DATE AVAILABLE				
WHAT SHIFT ARE YOU AVAILABLE TO WORK SITES SHIFT FULL TIME SATURDAYS ONLY								
☐ OTHER - PLEASE EXPLAIN:								
PRESENT ADDRESS – Street, City, State & Zip Code:				PHONE NUMBER – Include Area Code				
MAILING ADDRESS – If Different From Above:								
DESIRED SALARY?								
Do You Have A Reliable Source Of Transportation To And From Work?  Do You Have A Valid Drivers License? (Applicable only for certain positions)  Are You At Least 18 Years Of Age?  Are You Legally Eligible To Work in the United States?  Do You Have A Reliable Source Of Transportation To And From Work?  YES NO  YES NO  YES NO								
EDUCATION & TRAINING								
Circle Highest Grade Or Year Completed In School 1 2 3 4 5 6 7 8 9 10 11 12		VE A HIGH SCHOOL R A GED EQUIVALENCY?		OCATION OF HIGH SCHOOL				
TRAINING BEYOND HIGH SCHOOL ( College, University or O		<u> </u>						
SCHOOL NAME & LOCATION		NUMBER OF YEARS ATTENDED	CREDITS EARNED	MAJOR FIELD	GPA / BASIS	DEGREE EARNED		
DESCRIBE ANY OTHER EDUCATION OR TRAINING WHICH ALSO INCLUDE RELEVANT LICENSES & CERTIFICATIONS		ELEVANT TO THE JOB(S) I	FOR WHICH YOU	ARE APPLYING.				
The essential functions of most jobs at OSW will require that employees lift up to 50 lbs. frequently, bend and stoop frequently, push carts frequently, stand and/or walk long periods of time, some climbing, and work in varying temperatures. To the extent these functions may be applicable to the position for which you are applying, can you perform all of the above functions or perform all of the above functions with reasonable accommodation?  YES NO Answering "NO" to this inquiry is not an automatic bar to employment. OSW is an equal opportunity employer and complies with all facets of the American with Disabilities Act (and any applicable state laws).								
Were you referred by a current employee?		YES	NO					
If yes, who referred you?								
Prior Military Service YES NO Branch: Rank at Discharge: Related Work Experience:	Years:							

WORK EXPERIENCE: Provide a complete des changes in job title with the same employer as a		obs. Be specific. Start with your m	ost recent job. For part-time work, show the average	ge number of hours per week. In	ndicate any	
Employer		Type Of Business	Street Address			
Job Title	Reason For I	Leaving	City, State, Zip Code)			
Name of Supervisor		Length of Employment		Full Time 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 I	Leaving				
Name of Supervisor		Length of Employment		☐ Full Time		
Job Duties			From (Month & Year)	To (Month & Year)		
Employer		Type Of Business	Location (Street Address, City, State, Zip Code)			
Job Title	Reason For I	Leaving				
Name of Supervisor		Length of Employment		☐ Full Time		
Job Duties		From (Month & Year)	To (Month & Year)	_ rate rance		
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Job Title	Reason For I	Leaving				
Name of Supervisor		Length of Employment		☐ Full Time ☐ Part Time		
Job Duties		From (Month & Year)	To (Month & Year)	rait rime		
MAN WE COMPANY OF THE WARRY	VOLE PET		EG TAIO, FORMER EMPLOYERS			
MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? YES NO FORMER EMPLOYER? YES NO						
HAVE YOU WORKED FOR OSW BEFORE?						
HAVE TOO EVER DONE ANT VO	LOWIEEK	WORK:   ILS   I	TES, DESCRIBE.			
REFERENCES (List three other than former employers or relatives.)						
NAME		ADDRESS	PHONE			
NAME		ADDRESS	PHONE			
ADDRESS		THORE				
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 OTHE	R	