



IH <input type="checkbox"/>	INH <input type="checkbox"/>
NI <input type="checkbox"/>	

Application for Employment  
 For current position openings  
 Olive Branch Estates provides a smoke free environment for employees.  
 An equal opportunity/affirmative action employer.

**APPLICANT INFORMATION**

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone			Cell		
Email			Social Security:		
Position(s) Applied for					
Referral Source	Ad <input type="checkbox"/>	Friend <input type="checkbox"/>	Relative <input type="checkbox"/>	Walk-in <input type="checkbox"/>	Web <input type="checkbox"/>
Referred by:					
Have you applied here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes give date		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	May we contact your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If hired, can you furnish proof that you are 16 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain		
If hired, can you furnish proof that you are eligible to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain		
On what date would you be available for work?					
Are you available to work?	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	On-call <input type="checkbox"/>		
Shift Preference	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Nights (NOC) <input type="checkbox"/>		
Are you on a lay-off and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

Licenses held (list type and registration numbers)

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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"/>
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"/>
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"/>
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"/>
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"/>

**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
Further Education		Address		
From	To	Did you graduate? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree
Other Special Training or skills	(Languages, machine operation, typing speed, computer knowledge)			

List Professional trade, business or civic activities and offices held.

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship:
Company	Phone:
Address	
Full Name	Relationship:
Company	Phone:
Address	
Full Name	Relationship:
Company	Phone:
Address	

APPLICANT'S STATEMENT

Olive Branch Estates (OBE) is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, creed, religion, age, sex, sexual orientation, sexual harassment, national origin, ancestry, marital status, handicap, disability related to pregnancy or childbirth, membership or activity in any local commission, status regarding public assistance, membership or non-membership in any labor organization, or any other characteristic protected under federal, state or local law. None of the questions in this application are intended to elicit information regarding any protected characteristic protected under federal, state, or local law. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences, or discrimination based upon non-job-related information or protected characteristics. If you are hired by OBE, you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time for any reason, without notice. Similarly, if you are hired, OBE will have the right to terminate your employment at any time, for any reason, without prior notice. No OBE supervisor or manager has the authority to offer or promise anything other than at-will employment.

I understand and agree that:

1. Any material misrepresentations or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. By signing this application, I authorize OBE to obtain and authorize all state, federal, or local law enforcement agencies or officials to release any and all information they have regarding any criminal convictions I may have, regardless of the date, location, or nature of the conviction. I understand that criminal conviction(s) will not automatically disqualify me from eligibility for employment with OBE.
3. I agree that my employment may be terminated by OBE at any time without liability for wages or salary except what may have been earned at the date of termination. If requested by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with OBE. I consent to take a medical examination by a qualified physician at the discretion of my employer.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
5. I further understand that this is an application for employment and that no employment contract is being offered.
6. If applying, understand that some positions may be subject to a labor contract.
7. I acknowledge that: a) if I become employed, I will be free to terminate my employment at any time for any reason and OBE retains the same rights; b) OBE can change wages, benefits and conditions at any time; and c) no representative of OBE has the authority to make any contrary agreement. I understand that OBE is a drug-free work environment.
8. I understand that I am required to abide by all rules and regulations of OBE.
9. I am not ineligible or excluded from participating in the Federal Health Care programs.

I have read and understand the above.

Date:		Signature:	
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For Management Use Only								
EMPLOYED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SHIFT	DAY <input type="checkbox"/>	EVE <input type="checkbox"/>	NOC <input type="checkbox"/>	DAYS PER PAY PERIOD	
FULL TIME	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>	ON-CALL	<input type="checkbox"/>	DATE OF EMPLOYMENT		
JOB TITLE			HOURLY RATE			DEPARTMENT		
HIRED BY:								

# APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, age, sex, national origin, ancestry, sexual orientation, marital or veteran status, medical condition or disability, status regarding public assistance, or any other characteristic protected by federal, state, or local law.

As an employer, we comply with government regulations, including affirmative action responsibilities where they apply.

We request that you please fill out this Applicant Data Record solely to help us comply with government record keeping, reporting and other legal requirements. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. Only the Human Resources Office sees this sheet. It is not seen by the person who selects applicants for interviews or the interviewer. YOUR COOPERATION IS VOLUNTARY.

Position(s) Applied for					Date:		
Referral Source		AD <input type="checkbox"/>	Friend <input type="checkbox"/>	Relative <input type="checkbox"/>	Walk-in <input type="checkbox"/>	Web <input type="checkbox"/>	
Name	Last	First		Middle			
Phone							
Street Address:							
City:				State	Zip		

## Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one:  Male  Female

Check one of the following:

Race/Ethnic Group:  White  Black or African American  Hispanic or Latino  
 American Indian or Alaskan Native  Asian  
 Native Hawaiian or other Pacific Islands  Two or More Races

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Disabled Individual