

# National O&M, Inc.

An Equal Opportunity Employer

## Application for Employment

"I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information or material omission is ground for refusal to hire or dismissal regardless of when the falsification or omission is discovered. I authorize all of the individuals whom I have listed on this application to give any and all information regarding my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing or procuring such information.

If I am employed, in consideration of my employment, I agree to conform to the rules and regulations of the Company. I acknowledge that these rules and regulations may be changed, withdrawn or added to by the company at its sole option and without any prior notice to me. I understand and agree that unless otherwise provided for under the terms of a collective bargaining agreement or other specific written employment agreement signed by an authorized executive of the Company, my employment, if I am hired, will be "at-will". This means that either the Company or I may terminate our employment relationship at any time, for any reason, with or without cause or prior notice."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE WRITE OR PRINT, DO NOT TYPE)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Other name(s) under which your employment may be verified \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Message (\_\_\_\_\_) \_\_\_\_\_

Position Desired \_\_\_\_\_

Part-time/Full-time/Temp \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_ Date Available \_\_\_\_\_

How were you referred? \_\_\_\_\_ Employee \_\_\_\_\_ Advertisement \_\_\_\_\_ Agency \_\_\_\_\_ Job Line \_\_\_\_\_ Other

Explain \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Drivers license number: \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Proof will be required at start of employment)

Please write or print clearly

Part-time/Full-time/Temp \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_ Telephone Message # \_\_\_\_\_  
Last First

Position Desired \_\_\_\_\_

## Education

Type of School	Name and Address of School	Courses Majored in	Circle last year completed	Diploma/Degree	Reason for not Graduating
High School			9 10 11 12		
Junior College			1 2		
College/University			1 2 3 4		
Post Graduate			1 2 3 4		
Trade or Business			1 2 3 4		

## Special Skills, Training, and Certification

PC/Word Processor(s) \_\_\_\_\_

Software Programs \_\_\_\_\_

Typing Speed \_\_\_\_ wpm Fastnotes/Shorthand \_\_\_\_ wpm 10-key adding machine \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ By sight \_\_\_\_ By touch

Other skills/professional training \_\_\_\_\_

Licenses or Certifications Relevant to the Position Desired \_\_\_\_\_

## Foreign Languages

Certain positions require knowledge and skill in speaking, reading and writing in a foreign language. If you would like to be considered for such positions, please complete this section by listing the foreign languages you speak, read and write by fluency (fluently, well, fair).

	Fluently	Well	Fair
Speak			
Read			
Write			

## Relevant Experience

(Starting with your current position and going backward, include previous paid and unpaid employment and volunteer work and explain gaps between periods of employment)

Name of Employer \_\_\_\_\_ Your Title \_\_\_\_\_

Address \_\_\_\_\_ Part-time/Full-time/Temp \_\_\_\_\_ Salary \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
mo/yr mo/yr

Telephone ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Your responsibilities \_\_\_\_\_  
Name Title

Reason for leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ Your Title \_\_\_\_\_

Address \_\_\_\_\_ Part-time/Full-time/Temp \_\_\_\_\_ Salary \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
mo/yr mo/yr

Telephone ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Name Title

Your responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Your Title \_\_\_\_\_

Address \_\_\_\_\_ Part-time/Full-time/Temp \_\_\_\_\_ Salary \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
mo/yr mo/yr

Telephone ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Name Title

Your responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Your Title \_\_\_\_\_

Address \_\_\_\_\_ Part-time/Full-time/Temp \_\_\_\_\_ Salary \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
mo/yr mo/yr

Telephone ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Name Title

Your responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

### **Military Service**

Have you ever served in the U.S. Military Service? \_\_\_\_\_ Yes \_\_\_\_\_ No Rank Attained \_\_\_\_\_

Type of discharge and/or honors and awards \_\_\_\_\_

Skills acquired in the Military Service \_\_\_\_\_

### Company Employment

Have you been employed by this Company or any of its affiliates in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

Dates From \_\_\_\_\_ To \_\_\_\_\_

Identify Company/Affiliates \_\_\_\_\_

Most Recent Title \_\_\_\_\_ Most Recent Department \_\_\_\_\_

Do you have any relatives employed by this Company or any of its Affiliates: Yes \_\_\_\_ No \_\_\_\_ If yes, Name(s) of relative(s) employed by this Company or any of its Affiliates \_\_\_\_\_

### Conviction Record

Have you ever been convicted of a felony? You need not include any conviction for which the record has been judicially sealed, expunged, or statutorily eradicated. \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify. A conviction will not result in automatic disqualification from employment \_\_\_\_\_

### References (Professional)

Please list professional colleagues with whom you have worked.

Name/Title \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Relationship:   Supervisor   Peer   Subordinate  
(Circle One)

Name/Title \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Relationship:   Supervisor   Peer   Subordinate  
(Circle One)

Name/Title \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Relationship:   Supervisor   Peer   Subordinate  
(Circle One)