

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER



THE OKONITE COMPANY, INC.

All statements made by applicants for employment on this application form will be checked for accuracy. Okonite offers equal employment opportunities to all persons without regard to race, color, religion, age marital or veterans status, sex, national origin, disability, or any other legally protected status.

JOB APPLICANTS AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Okonite and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Okonite unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Okonite retains the same right.

I understand that prior to being offered employment with Okonite I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform Okonite prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Okonite reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that Okonite may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

NAME

LAST

FIRST

MIDDLE

Signature of Applicant

Date

PLEASE PRINT

PERSONAL INFORMATION

NAME	HOME OR NEAREST PHONE
PRESENT ADDRESS	EMERGENCY PHONE NUMBER
	RELATIVES OR FRIENDS WORKING WITH US
PREVIOUS ADDRESS	SOCIAL SECURITY NO.
	E-MAIL ADDRESS
ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NOT, WHY?	
POSITION(S) APPLIED FOR	PART-TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
HOW SOON COULD YOU REPORT TO WORK?	
RATE OF PAY EXPECTED	
HOW DID YOU HEAR ABOUT US?	
<input type="checkbox"/> OKONITE WEBSITE <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> PROFESSIONAL RECRUITER <input type="checkbox"/> EMPLOYEE REFERRAL (please specify): _____	
<input type="checkbox"/> JOB WEBSITE (please specify): _____ <input type="checkbox"/> OTHER (please specify): _____	

EDUCATION

Type Of School	Name and Address of School	Courses Majored In	Check last year completed				Graduate? Give Degrees
			9	10	11	12	
High School							
College			1	2	3	4	
HAVE YOU APPLIED FOR A JOB WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU EVER WORKED FOR US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO				

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BRANCH
DATE ENTERED	DATE DISCHARGED
HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM A POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, GIVE CIRCUMSTANCES	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHY DO YOU DESIRE TO MAKE A CHANGE?	
HAVE YOU EVER HELD A POSITION OF TRUST (HANDLING MONEY OR CONFIDENTIAL MATERIAL)? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PRIOR WORK RECORD

Start with most recent or present employer and complete in full.

1. NAME AND ADDRESS OF MOST RECENT EMPLOYER	TELEPHONE NO.	
IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	DATE LEFT
JOB TITLE & DUTIES		
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. NAME AND ADDRESS OF MOST RECENT EMPLOYER	TELEPHONE NO.	
IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	DATE LEFT
JOB TITLE & DUTIES		
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. NAME AND ADDRESS OF MOST RECENT EMPLOYER	TELEPHONE NO.	
IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	DATE LEFT
JOB TITLE & DUTIES		
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PLEASE PROVIDE ANY ADDITIONAL INFORMATION SUCH AS SPECIAL SKILLS, TRAINING, EQUIPMENT OPERATION, OR QUALIFICATIONS YOU FEEL WILL BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

REFERENCES

Do not list relatives or former employers

NAME	TELEPHONE
ADDRESS	
NAME	TELEPHONE
ADDRESS	
NAME	TELEPHONE
ADDRESS	