

OraLabs®**Title:** Employment Application**Procedure Number:** HR-9202-2, Attachment B**APPLICANT INFORMATION**

First Name:	Middle:	Last:
Street Address:	City:	Zip:
Phone:	Social Security #:	Date of Birth: / /
Position Applied for:		
Shift 1 <input type="checkbox"/> (6am to 2:30pm)	2 <input type="checkbox"/> (2pm to 10:30 pm)	3 <input type="checkbox"/> (10:00pm to 6:30am)
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male	<input type="checkbox"/> Female
If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?		
Have you ever been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Can you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you read and write English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

High School:	City/State:
From: To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College:	City/State:
From: To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Degree: _____
Other:	City/State:
From: To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Degree: _____

Military Service

Branch:	From: To:
Rank at Discharge:	Type of Discharge:

Previous Employment

Company:	Address:
From: To:	Job Title: Salary:
Reason for leaving:	
Company:	Address:
From: To:	Job Title: Salary:
Reason for leaving:	
Company:	Address:
From: To:	Job Title: Salary:
Reason for leaving:	

PLEASE COMPLETE AND SIGN ON REVERSE SIDE

Professional References

Name:	Relationship:
Company:	Phone:
Name:	Relationship:
Company:	Phone:
Name:	Relationship:
Company:	Phone:

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ **Date:** _____

For Human Resources Use Only

Start Date:	Start Rate:
W-2 <input type="checkbox"/> I-9 <input type="checkbox"/> JOB DESCRIPTION <input type="checkbox"/> JOB INFORMATION FORM <input type="checkbox"/>	
HAND PUNCH <input type="checkbox"/>	
SECURITY FORM <input type="checkbox"/> BADGE <input type="checkbox"/> HR ORIENTATION <input type="checkbox"/> SAFETY ORIENTATION <input type="checkbox"/>	
DIRECT DEPOSIT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE ENTERED:	
INITIALS:	