

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

| | | |
|---|---|--|
| First Name: | Middle: | Last: |
| Street Address: | City: | Zip: |
| Phone: | | |
| 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: | |