#### **OXYRASE, INC.**

# **Application for Employment**

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: **Personal Information** First Name Middle Name/Initial Last Name Present Address Permanent Address (if different than above) Telephone Number Social Security Number Are you legally authorized to work in the United States?  $\Box$  Yes  $\square$  No Position applied for:

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? If so, please specify:

How were you referred to Oxyrase, Inc.? 2.

I.

3. Have you ever been convicted of a crime?  $\Box$  Yes  $\square$  No If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposted, and type(s) of rehabilitation:

4. Do you have a Driver's License?  $\Box$  Yes  $\Box$  No

What is your means of transportation to work?

Have you had any accidents during the past three years?	□ Yes	$\square$ No	How many? _	
Have you had any moving violations in the past three years	$? \square Ye$	s □ No	How many?	·

# **II. Educational History**

Please provide school name, location, years completed, and degree or diploma received, if applicable.

High School		
College		
Tech. Training/Other		

Note: Use a separate sheet to list Educational History, if necessary.

# **III. Employment Record**

Address		Dates Employed
Manager/Supervisor	Telephone	Wage/Salary
		OK to contact? $\Box$ Yes $\Box$ No
Reason for Leaving		

2.

Occupation

	Position Held
	Dates Employed
Telephone	Wage/Salary
	OK to contact? $\Box$ Yes $\Box$ N
	Position Held
	Position Held Dates Employed
Telephone	
	Dates Employed

Note: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically excluded them by checking the "No" box above.

IV. References - Please do not include relatives or former employers listed above.

ame	Years Known
ddress	Telephone

Name	Years Known
Address	Telephone
Occupation	
Name	Years Known
Address	Telephone

### V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2.	Do you have any objection to working overtime?	$\Box$ Yes $\Box$ No
3.	Can you work overtime without prior notice?	$\Box$ Yes $\Box$ No
4.	Can you work on Saturday, if necessary?	$\Box$ Yes $\Box$ No
5.	Can you work on Sunday, if necessary?	$\Box$ Yes $\Box$ No
6.	Can you travel if required by this position?	$\Box$ Yes $\Box$ No

# VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$\_\_\_\_\_ per \_\_\_\_\_

Did you complete this application yourself?  $\Box$  Yes  $\Box$  No

If not, who did?

#### **Background Research Release**

# Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

#### **Consent to Conduct Background Investigation**

As a condition of Oxyrase, Inc,'s consideration of this application, I give permission to Oxyrase, Inc. to investigate my personal and employment history. I understand that this due diligence will include, but not be limited to, verification of all information on this application, interviews with past employers, as well as a review of public records.

#### **Falsification Statement**

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

Applicant's	s Signature
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Date