



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

Oji Intertech, Inc.

Employment Application Form

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Date: _____
Name _____ Last First Middle Maiden
Current address _____ Number Street City State Zip
Previous address _____ Number Street City State Zip
Telephone () _____ (home) Are you at least 18 years old? _____
Telephone () _____ (cell)
Email: _____ Social Security No. xxx -xx - _____
Position applied for (1) _____ Days/hours available to work
and salary desired (2) _____ No Pref _____ Thur _____
(Be specific) Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____
How many hours can you work weekly? _____ Can you work nights? _____
Employment desired [] FULL-TIME ONLY [] PART-TIME ONLY [] FULL- OR PART-TIME
When available for work? _____

Table with 5 columns: TYPE OF SCHOOL, NAME OF SCHOOL, City and State, COMPLETED, MAJOR & DEGREE. Rows include High School, College, Bus. or Trade School.

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST 7 YEARS? [] No [] Yes

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) imposed, and type(s) of rehabilitation. _____



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DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your means of transportation to work? _____	
Driver's license number _____ State of issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL)	
Expiration date _____	
Have you had any accidents during the past three years? _____ How many? _____	
Have you had any moving violations during the past three years? _____ How Many? _____	
BUSINESS EQUIPMENT SKILLS	
Typing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	
Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No PC <input type="checkbox"/> Mac Other Skills _____	
MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____ Date Entered _____ Discharge Date _____	
Type of discharge: _____ Honorable _____ Other than Honorable _____ Dishonorable	
OTHER QUALIFICATIONS OR SKILLS	
List any job-related training, skills, licenses, certificates, and/or other qualifications:	



Do you have a dependable transportation to and from work? _____ Yes _____ No

Can you work in hot conditions? (over 90 degrees)? _____ Yes _____ No

Are you able to work overtime without prior notice if needed? _____ Yes _____ No

Do you have prior manufacturing experience and/or education? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

Can you work a flexible shift if required? _____ Yes _____ No

Can you read, write and do basic math to proficiently complete production paper-work and read and comprehend work instructions? _____ Yes _____ No

How were you referred to us? _____ Relationship: _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

EMPLOYER:	POSITION HELD:
ADDRESS:	TELEPHONE #:
IMMEDIATE SUPERVISOR:	
DATES EMPLOYED: FROM: _____ To: _____	SALARY
JOB SUMMARY:	
REASON FOR LEAVING:	MAY WE CONTACT? YES OR NO

EMPLOYER:	POSITION HELD:
ADDRESS:	TELEPHONE #:
IMMEDIATE SUPERVISOR:	
DATES EMPLOYED: FROM: _____ To: _____	SALARY
JOB SUMMARY:	
REASON FOR LEAVING:	MAY WE CONTACT? YES OR NO

EMPLOYER:	POSITION HELD:
ADDRESS:	TELEPHONE #:
IMMEDIATE SUPERVISOR:	
DATES EMPLOYED: FROM: _____ To: _____	SALARY
JOB SUMMARY:	
REASON FOR LEAVING:	MAY WE CONTACT? YES OR NO

EMPLOYER:	POSITION HELD:
ADDRESS:	TELEPHONE #:
IMMEDIATE SUPERVISOR:	
DATES EMPLOYED: FROM: _____ To: _____	SALARY
JOB SUMMARY:	
REASON FOR LEAVING:	MAY WE CONTACT? YES OR NO



References

List 3 references names, telephone numbers, and years known (do not include relatives):

Applicant's certification, authorization and acknowledgement:

In exchange for the consideration of my job application by Oji Intertech, Inc. (herein after called "the Company"), I agree that:

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of by Oji Intertech, Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /Manager Director of the Company. Both the undersigned and by Oji Intertech, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I may be required to submit to a medical review and I may be required to complete a medical history form and be examined by a medical professional designated by the company. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Applicant signature: _____ **Date:** _____

Thank you for completing this application form and for your interest in our business.



Oji Intertech, Inc.

Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Oji Intertech, Inc., any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Print Name: _____

Signature: _____

Date: ____ / ____ / ____

The Company is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state or local laws.