



1800 Pike, Unit B  
Longmont, CO 80501  
303-776-1914

## EMPLOYMENT APPLICATION

To applicant:

Oskar Blues is an Equal Opportunity Employer and it is the policy of Oskar Blues that all applicants for employment shall be given fair and equal consideration, regardless of race, creed, color, sex, age, national origin, or citizenship, except that minimum age limits imposed by law are to be observed.

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

### PERSONAL

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Social Security #: \_\_\_\_\_

Present address: \_\_\_\_\_  
Street City State Zip

Telephone #: \_\_\_\_\_

How long have you lived at present address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Optional)

Previous address: \_\_\_\_\_  
Street City State Zip

How long did you live there? \_\_\_\_\_

Are you over the age of eighteen? \_\_\_\_\_ If no, hire is subject to verification that you are a minimum legal age.

What position(s) are you applying for: \_\_\_\_\_

Would you work Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working for us, other than your spouse: \_\_\_\_\_

Rate of pay expected: \$ \_\_\_\_\_ per hr., week, yr. (circle one)

Specify days and hours: \_\_\_\_\_

If your application is considered favorably, on what date will you be available to work? \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? \_\_\_\_\_

What is your favorite beverage and where do like to drink it? \_\_\_\_\_

The last thing that made you laugh was... \_\_\_\_\_

Why do you want to work for us? \_\_\_\_\_

What are your other interests and hobbies? \_\_\_\_\_ Do you ride a bike? \_\_\_\_\_

What is Logolepsy? \_\_\_\_\_

How or by whom were you referred to this company? \_\_\_\_\_

### WORK HISTORY

| Name and Address and Phone # of Business | Describe the Work you Did | From: | To: | Weekly Salary | Supervisor |
|--|---------------------------|-------|-----|---------------|------------|
|  |                           |       |     |               |            |
|  |                           |       |     |               |            |
|  |                           |       |     |               |            |
|  |                           |       |     |               |            |
|  |                           |       |     |               |            |
|  |                           |       |     |               |            |
|  |                           |       |     |               |            |
|  |                           |       |     |               |            |
|  |                           |       |     |               |            |

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by No, which one(s) you do not wish us to contact:

\_\_\_\_\_

### ***EDUMACATION HISTORY***

| School             | Name and Address of School | Course of Study/Major | Check Last Year Completed |    |    |    | Did you Graduate? | List Diploma or Degree |
|--------------------|----------------------------|-----------------------|---------------------------|----|----|----|-------------------|------------------------|
| High               |                            |                       | 9                         | 10 | 11 | 12 | Yes               |                        |
|                    |                            |                       |                           |    |    | No |                   |                        |
|                    |                            |                       |                           |    |    |    |                   |                        |
| College            |                            |                       | 1                         | 2  | 3  | 4  | Yes               |                        |
|                    |                            |                       |                           |    |    | No |                   |                        |
|                    |                            |                       |                           |    |    |    |                   |                        |
| Other<br>(Specify) |                            |                       | 1                         | 2  | 3  | 4  | Yes               |                        |
|                    |                            |                       |                           |    |    | No |                   |                        |
|                    |                            |                       |                           |    |    |    |                   |                        |

### ***PERSONAL REFERENCES***

(Not Former Employers or Relatives)

| Name  | Address | Phone # |
|-------|---------|---------|
| <hr/> |         |         |
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### ***PHYSICAL RECORD***

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No

Please describe: \_\_\_\_\_

In case of Emergency, notify: \_\_\_\_\_  
Name/Relationship Phone #

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree, that if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Hired:            Yes            No            Position: \_\_\_\_\_            Dept: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_

**REFERENCES CHECKED**

| Name  | Phone | Position | Response |
|-------|-------|----------|----------|
| _____ | _____ | _____    | _____    |
| _____ | _____ | _____    | _____    |
| _____ | _____ | _____    | _____    |
| _____ | _____ | _____    | _____    |

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STARTING SCHEDULE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_