

Date of Application \_\_\_\_\_

### On The Mark Services, Inc. Employment Application

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal, State and local laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, sexual preference or physical handicap, except where a reasonable, bona fide occupational qualification exists.

**\*\* This application will not be considered for open positions unless filled out in its entirety.**

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#### PERSONAL

\_\_\_\_\_  
Name (Last) (First) (Middle) (Maiden)

\_\_\_\_\_  
Address (Street) (City) (State) (Zip Code)

\_\_\_\_\_  
Telephone (A/C and Number) Social Security Number

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#### LIST ALL PREVIOUS ADDRESSES DURING THE LAST FIVE YEARS

\_\_\_\_\_  
Street Address City State/Zip From To

\_\_\_\_\_  
Street Address City State/Zip From To

\_\_\_\_\_  
Street Address City State/Zip From To

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#### OTHER EMPLOYMENT-RELATED INFORMATION

Position for which you are applying \_\_\_\_\_

Check the following employment status options you would consider:

\_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary

Hours/days available to work: \_\_\_\_\_

How did you hear about On The Mark Services, Inc (ie, Paper, referral, etc.) \_\_\_\_\_

List anyone you know who currently works for this organization:

Name \_\_\_\_\_ Department \_\_\_\_\_

Can you, after employment, submit a Birth Certificate or other proof of citizenship?

\_\_\_\_ Yes \_\_\_\_ No

If not a U.S. citizen, can you after employment, submit verification of your legal right to work permanently in the U.S.?

\_\_\_\_ Yes \_\_\_\_ No

Were you previously employed by this organization?

\_\_\_\_ Yes \_\_\_\_ No

(If yes, give dates):\_\_\_\_\_

Have you ever been convicted of or plead no contest to a felony? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a misdemeanor?

For purposes of this question "conviction" includes a plea of no contest, a finding of guilty by a judge or jury and bond forfeiture (Conviction will not necessarily disqualify an applicant)

\_\_\_\_ Yes \_\_\_\_ No

If yes to either of the above, explain

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated from a place of employment? \_\_\_\_ Yes \_\_\_\_ No  
(Termination will not necessarily disqualify an applicant)

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been accused of being physically or sexually abusive \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitations to being able to perform the job applied for?

(If yes, explain the type of accommodation required) \_\_\_\_ Yes \_\_\_\_ No

Accommodation

\_\_\_\_\_  
\_\_\_\_\_

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**DRIVER INFORMATION**

**Prior to your employment, On The Mark Services, Inc will obtain a copy of your motor vehicle record.**

Drivers License:

State	License Number	Type	Expiration Date
_____	_____	_____	_____

Professional Driving Experience

Type of Equipment	Dates	Approximate
Van, Bus, Truck, etc)	From To	Number of Miles (total)
_____	_____	_____

Accident record for past 3 years (attach sheet if more space is needed).

Dates	Nature of Accident (head-on, rear-end, etc.)
Last accident: _____	_____
Next previous: _____	_____
Next previous: _____	_____

**Traffic citations/convictions for the past 3 years (other than parking)**

Location (City and State)	Date
_____	_____
_____	_____
_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  
 Yes       No

Has any license, permit or privilege ever been suspended or revoked?  
 Yes       No

Do you currently have liability insurance on your vehicle?  
 Yes       No

If "no", would you be willing to obtain liability insurance after employment?  
 Yes       No

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**EDUCATION AND TRAINING**

_____	_____	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
High School	Complete Address	
_____	_____	Major: _____
College or University	Complete Address	Degree Received? _____
_____	_____	Major: _____
College or University	Complete Address	Degree Received? _____
_____	_____	Subjects: _____
Trade School	Complete Address	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Year: _____
_____	_____	Subjects: _____
Apprentice School	Complete Address	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Year: _____

List any other education, training, special skills, certifications/licenses that you possess which might be related to this job:

\_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE**

**List ALL work experience during the past 10 years beginning with most recent.**

Name of employer \_\_\_\_\_ Type of business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date employed: From \_\_\_\_\_ To \_\_\_\_\_ Title: \_\_\_\_\_

Name & Title of supervisor: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

If no, why \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Name of employer \_\_\_\_\_ Type of business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date employed: From \_\_\_\_\_ To \_\_\_\_\_ Title: \_\_\_\_\_

Name & Title of supervisor: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

If no, why \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Name of employer \_\_\_\_\_ Type of business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date employed: From \_\_\_\_\_ To \_\_\_\_\_ Title: \_\_\_\_\_

Name & Title of supervisor: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

If no, why \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Name of employer \_\_\_\_\_ Type of business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date employed: From \_\_\_\_\_ To \_\_\_\_\_ Title: \_\_\_\_\_

Name & Title of supervisor: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

If no, why \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Name of employer \_\_\_\_\_ Type of business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date employed: From \_\_\_\_\_ To \_\_\_\_\_ Title: \_\_\_\_\_

Name & Title of supervisor: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

If no, why \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

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**PERSONAL REFERENCES**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

How associated? \_\_\_\_\_ How associated? \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

How associated? \_\_\_\_\_ How associated? \_\_\_\_\_



**COMMENTS:**

List any comments or qualifying statements you care to make.

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**APPLICANT'S CERTIFICATION**

Please read carefully before signing and place your initials by each paragraph. If you have any questions regarding the following statements, please ask for assistance.

**INITIAL:** \_\_\_\_\_ I certify that to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false or incomplete information contained in this application may result in my discharge.

**INITIAL:** \_\_\_\_\_ I understand that this organization serves people who are in need and as such, the organization may deem necessary that overtime hours or hours outside a normally defined work day or work week may be required at times.

**INITIAL:** \_\_\_\_\_ I understand that if I am hired by On The Mark Services, Inc., my employment status will be on an at-will basis. This means that my employment with On The Mark Services, Inc. may be terminated at any time for any reason by either myself or a supervisory representative of the company. Any statements, either implied or explicit, in writing or spoken, by anyone other than the President of the company, regarding employment on a contractual basis will be viewed as null and void. Furthermore, I understand that my continued employment is based on the wishes of the consumers On The Mark Services, Inc. serves, continued funding through local authorities and my ability to continue to appropriately perform the duties of the job as outlined in the job description.

**INITIAL:** \_\_\_\_\_ I understand On The Mark Services, Inc. is continually looking for qualified applicants. I also understand my application may not currently be a match for the placement the company has available due to the hours I can work or the employment status for which I am looking, among other things. I understand my application will be kept active for a period of 45 days from the date of application listed above.

**INITIAL:** \_\_\_\_\_ I understand that due to State and Local regulations, On The Mark Services, Inc., is required to initiate a criminal background check and motor vehicle record prior to employment to ensure eligibility in accordance with the above results. I further understand that depending on the results of the aforementioned background checks, I may be ineligible for employment with On The Mark Services, Inc. unless I am able to have my record expunged or points taken off of my license.

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

# ON THE MARK SERVICES, INC.

## APPLICANT AUTHORIZATION FORM

Applicant Name: \_\_\_\_\_

(Print)

I authorize On The Mark Services, Inc. (the Company) to communicate with all my former employers, school officials and persons named as references. I also grant permission to the Company to obtain a motor vehicle operating record, and a criminal history record. I hereby release employers, schools, agencies, companies, and individuals from any liability for any damage whatsoever resulting from giving such information.

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