



APPLICATION FOR EMPLOYMENT

Note that OSB Services will not consider any applications that contain information provided which is non-responsive or that is not related to the questions listed within this application. Each question should be accurately answered. Use blank paper if you do not have enough room on this application. Please print all wording, except for signature. By submitting this application, you admit that all information is accurate.

Full Name As It Appears on Your ID: _____
Address: _____ Phone #: _____
Email: _____
Birthdate: _____ Social Security # _____
Emergency Contact / Phone# / Email: _____

Job/Trade Applied For: _____ Date: _____
Employment Type Requested: Full Time Part Time Temporary
Requested Start Date: _____ Salary / Hourly Rate Requested: _____
Current Employer: _____ Eligible to work in the US? _____
Have you ever applied or been employed with OSB Services? _____
Have you ever been convicted of a crime? If so then please detail: _____
Do you have a valid driver's license? _____ DL License State/# _____
Has your driver's license been suspended/revoked in the past 3 years? _____
Reason for suspended or revoked driver's license: _____
How many years experience in your trade? _____ Are you licensed? _____

Did you graduate high school or GED? _____ College Degree? Detail: _____
School Attended: _____ Dates: _____
School Attended: _____ Dates: _____
School Attended: _____ Dates: _____
School Attended: _____ Dates: _____
School Attended: _____ Dates: _____

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?



1st Previous Employer: _____ Phone#: _____
 Address: _____ Email: _____
 _____ Salary: _____
 Supervisor: _____ Position: _____
 Reason for leaving: _____
 Employment From: _____ To: _____

2nd Previous Employer: _____ Phone#: _____
 Address: _____ Email: _____
 _____ Salary: _____
 Supervisor: _____ Position: _____
 Reason for leaving: _____
 Employment From: _____ To: _____

3rd Previous Employer: _____ Phone#: _____
 Address: _____ Email: _____
 _____ Salary: _____
 Supervisor: _____ Position: _____
 Reason for leaving: _____
 Employment From: _____ To: _____

1st Personal Reference: _____ Phone#: _____
 2nd Personal Reference: _____ Phone#: _____
 3rd Personal Reference: _____ Phone#: _____

By signing this application, I hereby certify that all of the above information is true and correct. If upon verification, OSB Services LLC are informed of any discrepancies, they have the right to decline employment. We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability or any other factor protected by law. Any offer of employment is contingent upon a negative result of a Pre-Employment drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of my employment, if hired.

Signature of Applicant: _____
 Date Submitted: _____