

Submit completed application via email, fax or in person.

ATTN: Human Resources Dept. OSCO Safety 2700 E Dupont Ave, Ste 3D

Belle, WV 25015

Phone: 304-949-1381 | Fax: 304-949-1384 info@oscosafety.com | oscosafety.com

PERSONAL (Please pr	int clearly)							
Name (Last, First, Middle	e)			Date				
				/	/			
Street Address				Home Phone				
				-	-			
City/State/Zip				Alternate Phone				
				-	-			
Position Desired		Pay Desired		Social Security #				
		\$		-	-			
List any special training	/ skills / certifications							
Have you ever been empl	loyed here before?	□ No If so, dat	e / /	How long				
Department		Name of	Name of immediate supervisor					
Are you currently employ	ed? Yes No	If necess	ary, may we contact your	current employer?	□Yes □No			
Will you be working out a	notice with current employer?	☐ Yes ☐ No Date	available for work	/ /				
Do you have a valid drive	er's license?	If not, do	you have reliable transp	ortation? 🗆 Yes 🛭	□No			
	or employment in the United State o or immigration status will be rec		□Yes □	] No				
	icted of a felony during the last s relevant if job-related, but does		☐ Yes ☐ nent.)	] No				
DUCATION (Please p	rint clearly)							
School	Name	Street	Street Address, City, State		Course of Study			
High School								
College								
Business, Trade or Technical								
	rospective employees will receive , age, national origin, disability or	veteran status. Active ap	plications will be kept or					
		(OFFICE USE ON	LY)					
Called for interview	/ /	Interview Date	/ /	Time :	AM / PM			
Department	Position	Intervie	ved by					
Hire Date /	/ Badge #	Emp #	HNDBK #	DOB	/ /			
Department	Position							

## **EMPLOYMENT HISTORY**

List your last the	ree employers, as	ssignments, or volunteer activities, starting with the most recent.				
From	То	Employer Telephone				
/	/		-	=		
Immediate Supe	Immediate Supervisor Street Address, City, State					
Job Title Summarize your job responsibilities and duties.						
Reason for Leav	ing		Start Rate	End Rate		
	J		\$	\$		
From	То	Employer	Telephone	L		
/	/		-	-		
Immediate Supe	Immediate Supervisor Street Address, City, State					
Job Title	lob Title  Summarize your job responsibilities and duties.					
Reason for Leaving			Start Rate	End Rate		
			\$	\$		
From	То	Employer	Telephone	,		
/	/		-	-		
Immediate Supe	nmediate Supervisor Street Address, City, State					
Job Title	Job Title  Summarize your job responsibilities and duties.					
Reason for Leav	ring		Start Rate	End Rate		
			\$	\$		
List names of any relatives or friends currently working here						
SKILLS & QUALIFICATIONS						
Summarize special skills and qualifications acquired from employment or other experiences.						
CERTIFICATIONS						
Tell us about any certifications you've achieved.						
AGREEMENT						
I certify that answers given herein are true and correct to the best of my knowledge.  I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  I understand that this application is not intended to be a contract of employment.  In the event of employment, I understand any false or misleading information given in my application or interview(s) may result in discharge.  I also understand that I am required to abide by all policies, rules and regulations of OSCO Safety.						
			/ /			

Signature of Applicant Date