

**APPLICATION FOR EMPLOYMENT**



**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

Please indicate the position & location for which you wish to  
be considered.

\_\_\_\_\_

APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print in ink. Your qualifications will be carefully reviewed, and you will be given thorough consideration for the position(s) for which you have applied. Upon employment, this application will become part of your permanent record at Ohio Valley Educational Cooperative. Keep this in mind as you complete it. Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. Ohio Valley Educational Cooperative does not discriminate based on race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability, veteran status, gender orientation/identify, gender preference, or any other legally protected class. You may request assistance in completing this application.

Applications can be sent to [contacthr@ovec.org](mailto:contacthr@ovec.org)

CANDIDATE INFORMATION

Name \_\_\_\_\_ Preferred Telephone Number: \_\_\_\_\_
First MI Last

Street \_\_\_\_\_ Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

If younger than 21, state your age here \_\_\_\_\_ Are you legally entitled to work in the United States? \*\*  yes  no
\*\*Compliance with I-9 requirements is mandatory, upon employment

If a job offer is made to you, we will conduct a criminal record check of felony convictions. Check the box to indicate that you understand we may withdraw the job offer if the criminal record check is unfavorable.  I understand.

Have you ever been convicted of a moving traffic violation?  yes  no --- If yes, list all here: \_\_\_\_\_

Have your driving privileges ever been revoked or suspended?  yes  no --- If yes, list here when and why: \_\_\_\_\_

Do you currently hold a Commercial driving license (CDL)?  yes  no

EDUCATION

Did you graduate from High School? \_\_\_\_\_ If no, last grade completed \_\_\_\_\_
College or university (Name and location) \_\_\_\_\_

College or university (Name and location) \_\_\_\_\_

Please initial here to certify that your college degree was earned through the actual completion of college-level coursework and conferred by an accredited college or university where you completed your coursework. \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, number of hours completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Degree \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ If attending, date of graduation \_\_\_\_\_

Other \_\_\_\_\_

Education \_\_\_\_\_

License(s), including the state of issue and the number:  
\_\_\_\_\_

.....  
**MILITARY**  not applicable

List service in U.S. Military: From \_\_\_\_\_ to \_\_\_\_\_

Branch \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Military experience that may be applicable to working here \_\_\_\_\_

**GENERAL EMPLOYMENT INFORMATION**

1. List here all of the equipment with which you have experience and training. (Examples: materials handling, small tools, computers, trucks, CNC Machines, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

3. What is your desired compensation? \$ \_\_\_\_\_ per hour or \$ \_\_\_\_\_ per year

4. Hours you are available per week? \_\_\_\_\_  No preference

4. Type of work sought:  full time  part-time  temporary  seasonal  as needed

5. Which of the following are you available: **Days:**  yes  no **Nights:**  yes  no **Weekends:**  yes

no **Holidays:**  yes  no **Shift Work:**  yes  no

6. Indicate hours you are available to work on the following days (or check *Anytime*, if you have no restrictions):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday  
\_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

Anytime  Anytime  Anytime  Anytime  Anytime  Anytime  Anytime

7. Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary?  yes  no  don't know

•If no, indicate reason:  need different hours  need different days  need more training  need a driver

Other, (explain accommodation needed:)  
\_\_\_\_\_

8. Are you currently under a non-compete or non-solicitation agreement that will prevent you from working for a business in our industry?  yes  no If yes, please explain and list the date the agreement expires:  
\_\_\_\_\_

.....  
**EXPERIENCE: List below all present and past employment, beginning with your most recent employer**

1. Employer \_\_\_\_\_

Address \_\_\_\_\_

Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired

Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Laid Off Why? \_\_\_\_\_

For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_

Please do not contact this employer. Why not? \_\_\_\_\_

2. Employer \_\_\_\_\_

Address \_\_\_\_\_

Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired

Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Laid Off Why? \_\_\_\_\_

For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_

Please do not contact this employer. Why not? \_\_\_\_\_

3. Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

4. Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

**In the following space, please describe any special knowledge, skills, or abilities that will bring added value if you are employed here.**

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

**REFERENCES**

**Please list the name, address, and contact information of three references who can attest to your knowledge, skill, and ability to perform the work for which you are applying. We are seeking business-related references, not personal references.**

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize whatever background and personal reports needed to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed.

- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand that unless I have a written contract, I am an employee at-will, and that this application is not a contract of employment with Ohio Valley Educational Cooperative and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either Ohio Valley Educational Cooperative or me. I understand that no representative of Ohio Valley Educational Cooperative, has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of Ohio Valley Educational Cooperative, may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and the President of Ohio Valley Educational Cooperative.
- V. I understand that I will be required to submit to a pre-employment, and/or post-employment test for fitness and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize Ohio Valley Educational Cooperative to withhold from my final paycheck any monies owed by me (if not prohibited by law) for equipment, loans, products, services, uniforms unreturned, benefits advanced that I have not earned, materials, or other assets in my possession not promptly returned or repaid as agreed.
- VII. As a condition of employment, I accept that any complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution, unless prohibited by law or contract, before any other legal action is taken.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_