



APPLICATION FOR EMPLOYMENT

ODM is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

(PRE EMPLOYMENT QUESTIONNAIRE)

Name (Last Name First) _____ Date _____
 Soc. Sec. No. _____
 Address _____ Phone _____
 City, State, Zip _____

What kind of work are you applying for? _____

What special qualifications do you have? _____

What office machines can you operate? _____

Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?
 Yes No

MILITARY SERVICE RECORD

Branch of Service _____ Discharge Date _____ Rank _____
 Present membership in National Guard or Reserves? _____ Date obligation ends _____

EDUCATION

SCHOOL	YEARS	NAME OF SCHOOL	CITY	COURSE	GRADUATED?
GRAMMAR					
HIGH					
COLLEGE					
OTHER					

EXPERIENCE

NAME AND ADDRESS OF	EMPLOYED FROM	LIST OF DUTIES	REASON FOR LEAVING

BUSINESS REFERENCES

NAME	ADDRESS	OCCUPATION

DISCLAIMER AND SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge, and authorize ODM Tool & Manufacturing Co., Inc. to verify the accuracy, and to obtain reference information on my work performance.

I authorize any person, organization or company to furnish you any and all information concerning my previous employment, education and qualifications for employment.

I hereby release any person, organization or company providing employment background information legally allowed, from any/all liability.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature		Date	
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