



**Opportunity Sheltered  
Industries, Inc.**

**Staff Application for Employment**

Applicant Name: \_\_\_\_\_  
First Middle Initial Last

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip code

Are you 18 years or older? Yes No

Are you eligible for work in the U.S.? Yes No

**Employment Information**

Have you worked for Opportunity Sheltered Industries in the past? Yes No

**Please describe your 5 most recent employment positions:**

Employer Name & Address	Position/title, & duties performed	Reason for Leaving	Start Date	End Date	Reference Phone Number

**Educational Background**

Education Level	Years Attended	Subjects Studied	Did you graduate?
Grade School			
High School			
College/Technical School			

**Military Service:**

Are you a military veteran? Yes No

Please list any applicable skills or specialized training from your years of service:

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**References:** Please list 3 persons not related to you whom you have known for at least one year:

Name	Phone Number	Relationship	# Years Known

**Disclosure:**

I certify that all the information submitted on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's options. I also understand and agree that terms and conditions of my employment may be changed with our without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for a specific period of time or to make any agreement contrary to the foregoing.

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Date

Signature of Applicant

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Date

Signature of Legal Guardian