



APPLICATION FOR EMPLOYMENT

Position Applied For:		Salary Desired:	
Today's Date:		Social Security #:	
Last Name:		First Name:	MI
Home Address:		City	State
(Area Code) Phone #:		(Area Code) Alternate Phone #:	
Are you 18 years of age or older?			Yes
Are you 18 years of age or older?			No
If applying for a position which will require driving, please supply driver's license number and which state issued DL#:			
Have you ever applied to Office Systems Company before?			Yes
Have you ever applied to Office Systems Company before?			No
If yes, where & when?			
Have you ever been employed by Office Systems Company before?			Yes
Have you ever been employed by Office Systems Company before?			No
If yes, where & when?			Reason for leaving:
If hired can you furnish proof that you are eligible to work in the United States?			Yes
If hired can you furnish proof that you are eligible to work in the United States?			No
Have you ever been convicted of a crime other than petty traffic offenses?			Yes
Have you ever been convicted of a crime other than petty traffic offenses?			No
If yes, please describe fully.			
<i>The existence of a criminal record will not necessarily bar an applicant from employment.</i>			

Educational History		
Name of School/Location	Did you Graduate?	Degree/Diploma/Certificate
High School:		
College or University:		
Graduate:		
Technical, Business or Vocational Training:		
Additional job related seminars, short courses, workshops, or other educational experiences:		

Military Background			
Branch of Service	Military Occupation	Rank at Discharge	Specialized Training
Present membership in National Guard or Reserves			

Work History

Include all employment from your last three employers with start and end dates. If you have a gap of employment, please explain below, including dates. Failure to provide complete information may result in rejection of your application.

Present and former Employers: LIST MOST RECENT FIRST

Name of Employer	Job Title & Duties	
Address	City, State, Zip	
Supervisor's Name	Telephone Number	
Dates Worked: From: To:	Reason for Leaving:	Final Wage/Salary

MAY WE CONTACT THIS EMPLOYER?	YES	NO
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Name of Employer	Job Title & Duties	
Address	City, State, Zip	
Supervisor's Name	Telephone Number	
Dates Worked: From: To:	Reason for Leaving:	Final Wage/Salary

MAY WE CONTACT THIS EMPLOYER?	YES	NO
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Name of Employer	Job Title & Duties	
Address	City, State, Zip	
Supervisor's Name	Telephone Number	
Dates Worked: From: To:	Reason for Leaving:	Final Wage/Salary

MAY WE CONTACT THIS EMPLOYER?	YES	NO
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References

Please list a minimum of two individuals not related to you, who have supervised/managed you.

Name	Company	Title	Telephone Number
1.			
2.			
3.			

AGREEMENT— PLEASE READ CAREFULLY ENTIRE STATEMENT BELOW AND SIGN

I certify that the facts contained in this application are true and complete, to the best of my knowledge. I understand that any false statement or omission of information submitted on this application may result in my not being hired or, if discovered later, my immediate termination.

I authorize investigation of all statements contained herein and authorize the references and previous employers listed above to give Office Systems Company (hereafter referred to as "OSC") any and all information requested concerning my previous employment and any pertinent information they may have, personal or otherwise. I understand that the results of such an investigation may be used to determine whether I will be hired. I hereby release said references, investigators, previous employers and OSC from all liability for any damage that may result from furnishing or receiving this information.

I further agree that, if employed, I will conform to OSC rules and regulations, and understand that my employment is "at will" and can be terminated with or without cause, and with or without notice, at any time at my option or the option of OSC where applicable. I also understand that this application and any employment manuals or handbooks that may be distributed to me during my employment shall not be regarded as a contract.

Should an offer of employment be made and accepted, I will be required to review, sign and abide by OSC's Employee Handbook, which includes confidentiality requirements as a condition of employment.

APPLICANT SIGNATURE	DATE
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