



EMPLOYMENT APPLICATION

Note: OMSI will not consider incomplete or unsolicited applications

Position you are seeking (you must fill out one application for each position you are applying for)

How did you learn about this position?

Walk-In Advertisement: _____ OMSI Website _____ Friend/Family Other Website: _____ OMSI Employee/Volunteer _____ Other: _____ OR/WA Employment Dept _____

Name	Last	First	Middle
Address		Phone #	Email
City		State	Zip

Have you ever filed an application with OMSI before? If yes, please give date: _____	Yes	No
Do any of your friends or relatives, other than a spouse work here? If yes, please give name, relationship and position: _____	Yes	No
Have you ever been employed with or volunteered at OMSI before? If yes, please give date and position: _____	Yes	No
Are you at least 18 years of age? If you are under 18 years of age, can you provide proof of your eligibility to work?	Yes	No
Are you currently authorized for employment in the U.S. without any restrictions to the length of employment period? (Answer "no" if you are in a non-immigrant status such as H,L,E,TN,B, or F)	Yes	No
Are you currently employed? If yes, may we contact your current employer?	Yes	No
Are you currently on lay-off status and subject to recall?	Yes	No
Will you travel if a job requires it?	Yes	No
Will you work overtime?	Yes	No
Have you ever been convicted of a crime? If yes, please give date and reason for conviction: _____ <small>(All positions at OMSI are subject to a Criminal Background Check.)</small>	Yes	No
Are you capable of performing, with or without reasonable accommodation, the essential duties of the job for which you are applying? (Do not answer unless you have read the job description.)	Yes	No
Date available for work: _____		
What is your desired salary range? _____		
Please check your availability to work:		
Regular Full-Time	Regular Part-Time at ____ hours/week	
Temp/Seasonal Full-Time	Temp/Seasonal Part-Time at ____ hours/week	
Mornings	Afternoons	Evenings
	Weekends	Sundays

Education & Training

School	Name, City & State of School	Course of Study	# years	Diploma/Degree
High School				Yes No
Undergraduate School				Yes No
Graduate School				Yes No
Other (Specify)				Yes No

Please state any additional information and skills you feel may be helpful to us in considering your application: _____

Work Experience – Complete this section even if you are attaching a resume

Begin with your current or last job. Include any job-related military service assignments and volunteer activities. You may exclude any organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed From: To:	Work performed/Responsibilities:
Address:	Hourly/Salary Rate Start: End:	
Job Title		May we contact? Yes No
Supervisor & Telephone #/E-mail		Reason for leaving:
Employer:	Dates Employed From: To:	Work performed/Responsibilities:
Address:	Hourly/Salary Rate Start: End:	
Job Title		May we contact? Yes No
Supervisor & Telephone #/E-mail		Reason for leaving:
Employer:	Dates Employed From: To:	Work performed/Responsibilities:
Address:	Hourly/Salary Rate Start: End:	
Job Title		May we contact? Yes No
Supervisor & Telephone #		Reason for leaving:

Professional/Business References – Please do not include family members.

Name	Phone Number & E-mail	Company & Title
1.		
2.		
3.		

Applicant's Certification – Please read this carefully before signing the application!

- > OMSI is an equal opportunity employer and will consider applicants for all positions without regard to race, age, color, religion, marital status, nation origin, disability, veteran status or any other legally protected status.
- > No applicant will be rejected as a result of any impairment, which, with reasonable accommodation, does not prevent performance of the work.
- > OMSI will not tolerate sexual harassment or harassment on the basis of any protected class status in the workplace.
- > I understand that, if selected, I will be required to provide proof of my identity and legal right to work in the United States prior to actual employment at OMSI.
- > I certify that I have answered truthfully and have not knowingly withheld information relative to my application. I understand that any misrepresentation or material omission on the application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission that becomes known to OMSI may result in immediate termination of my employment.
- > I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Including but not limited to: previous employers, supervisors, schools, including all persons with and for whom I have worked or attended school, to give OMSI's representative's any and all information regarding me and my previous employment and schooling. I release OMSI and all previous employers, supervisors and schools from liability for any damages that may result from furnishing information to OMSI.
- > In consideration of my employment, I agree to adhere to all existing and future instructions, rules and policies of OMSI. I also understand that OMSI reserves the right to change wages, hours and working conditions as deemed necessary and that no representative of OMSI has any authority to enter into any agreement for employment for any specified period or to make any agreement contrary to the foregoing.
- > I understand that all employees of OMSI, with respect to length of employment, are considered to be "at will." This means that I may terminate my employment with OMSI at any time, without notice, without liability, for any extended period. Similarly, OMSI may terminate my employment with OMSI at any time without notice, without liability, for any extended period. There is no guaranteed length of employment for any employee. Similarly, any representation by any agent or employee of OMSI to the contrary is not authorized or binding upon OMSI unless in writing and signed by the President of OMSI.

I have read and reviewed the above certification statements and other information provided on the application.

Applicants Signature: _____ Date: _____