



Application for Employment

Occupancy Heroes Incorporated is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):			Other names under which you have attended school or been employed:
Street Address:		City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:	
Email Address:	Other Form Of Contact:	Date Of Birth: Optional	Race: Optional	
Do you speak any languages in addition to english?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what languages do you speak?		
Are you able to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, how long are you able to be away?		
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?		
Are you currently employed at Occupancy Heroes Incorporated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?		
Have you ever been employed by Occupancy Heroes Incorporated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:		
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:		
If required for position, do you have transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please describe condition:		
Have you ever been convicted of a crime other than a minor traffic offense, or pled no contest to a crime? Do you have any cases currently pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain:		
How did you learn about this employment opportunity? Check all that apply: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Job Bulletin <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by employee: (Name) </div> <div> <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Website </div> <div> <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Internet Search <input type="checkbox"/> Other: </div> </div>				

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School or GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

PLEASE NOTE: Occupancy Heroes Incorporated reserves the right to contact all current and former employers for reference information.

MILITARY SERVICE

Branch:		From:	To:
Rank At Discharge:		Type of Discharge:	
If other than honorable, please explain:			

REFERENCES

Please list three professional references. (Give work references. Do not list relatives or personal friends.)	
Name:	Relationship:
Company and Position:	Telephone Number:
Email Address:	
Name:	Relationship:
Company and Position:	Telephone Number:
Email Address:	
Name:	Relationship:
Company and Position:	Telephone Number:
Email Address:	

EMERGENCY CONTACT

Name:	Two Contact Numbers:	Relationship To You:
Name:	Two Contact Numbers:	Relationship To You:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Occupancy Heroes Incorporated to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that if employed on an employee or contractual basis, I will not be permitted to conduct any type of business (including but is not limited to employment or contractual agreements) with any past or present clients \of Occupancy Heroes Incorporated during my time with Occupancy Heroes Incorporated and for a term of two (2) years after my relationship with Occupancy Heroes Incorporated has ended, without written approval from Occupancy Heroes Incorporated. I agree that if these terms are broken legal action will be taken against me. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I may be terminated without right of appeal.

Applicant Signature: _____

Date: _____