



OLSEN
Estates

Name

Date

EMPLOYMENT APPLICATION



Position for which you are applying: _____
 Date Available: Immediate: _____
 Notice Required: _____
 Salary Desired: _____
 Referred by: _____

Personal

Name-Last First Middle

Permanent Address-Street City State Zip Telephone (Area code & No.)

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

Education

School Name and Location	Years Attended		Degree Received		GPA	Major/Field
	From	To	Yes/No	Type/Year		
High School						
College or University						
Trade or Business						
Other						

Military

(Indicate only U.S. Armed Forces or State Militias)

Service Branch From - Mo/Yr To - Mo/Yr

Activities

Professional Organizations or Activities (include offices held) Honors (Include Societies & Scholarships)

Miscellaneous

Have you ever been convicted of a crime? Yes No If yes, please explain.
 (Do not include minor traffic violations) Yes answer **will not** necessarily disqualify you from consideration.

EMPLOYMENT APPLICATION

Experience

DO NOT WRITE "SEE ATTACHED"

1. Present or Most Recent Employer

Name		Address (Street, City, State, Zip)
Starting Date	Starting Salary	Starting Position
Termination Date	Last/Present Salary	Last/Present Position
Supervisor Name and Title		Reason for Leaving
Description of Duties		

May we contact your most recent employer? Yes No If yes, please indicate supervisors phone number:

Experience

2. Previous Employer

Name		Address (Street, City, State, Zip)
Starting Date	Starting Salary	Starting Position
Termination Date	Last/Present Salary	Last/Present Position
Supervisor Name and Title		Reason for Leaving
Description of Duties		

Experience

3. Previous Employer

Name		Address (Street, City, State, Zip)
Starting Date	Starting Salary	Starting Position
Termination Date	Last/Present Salary	Last/Present Position
Supervisor Name and Title		Reason for Leaving
Description of Duties		

EMPLOYMENT APPLICATION

Experience

4. Previous Employer

Name		Address (Street, City, State, Zip)
Starting Date	Starting Salary	Starting Position
Termination Date	Last/Present Salary	Last/Present Position
Supervisor Name and Title		Reason for Leaving

Description of Duties

This area is to be used for additional comments, if any:

I HEREBY AUTHORIZE OLSEN ESTATES TO CONTACT SCHOOL, COLLEGE, EMPLOYMENT, AND ALL OTHER SOURCES FOR THE PURPOSE OF VERIFYING STATEMENTS AND REFERENCES HEREIN, AND I AUTHORIZE SAID SOURCES TO DISCLOSE SUCH RECORDS AND OTHER INFORMATION AS MAY BE REQUESTED BY THE PROSPECTIVE EMPLOYER. I UNDERSTAND THAT ANY FALSE STATEMENTS OR OMISSIONS IN THIS APPLICATION MAY, AT THE SOLE DISCRETION OF OLSEN ESTATES, BE SUFFICIENT CAUSE FOR DISCHARGE, IF I AM EMPLOYED.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF OLSEN ESTATES AND THAT MY EMPLOYMENT IS AT WILL, WHICH MEANS THAT IT CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OPTION OR OLSEN ESTATES.

Applicant's signature:

Date:

Do not write below this line

Comments: