



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION					
NAME (LAST)		(FIRST)	(MI)	DATE	
PRESENT ADDRESS		APT NO.	CITY	STATE	ZIP
PERMANENT ADDRESS		APT NO.	CITY	STATE	ZIP
HOME PHONE	WORK/CELL/OTHER PHONE		EMAIL ADDRESS		
POSITION DESIRED				SALARY DESIRED	
AVAILABILITY			DATE AVAILABLE TO START		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Night Shift <input type="checkbox"/> Swing Shift					

EMPLOYMENT EXPERIENCE					
PLEASE COMPLETE EACH SECTION ENTIRELY. LIST ALL WORK EXPERIENCE (PAID OR UNPAID) BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. ACCOUNT FOR ALL TIME INCLUDING MILITARY SERVICE OR PERIODS OF UNEMPLOYMENT. INCLUDE ANY VOLUNTEER WORK WHICH RELATES TO THE POSITION FOR WHICH YOU ARE APPLYING. IF THE ITEM REQUESTED DOES NOT APPLY TO YOU, PLEASE INDICATE "N/A" FOR NOT APPLICABLE. PLEASE SUPPLY ALL INFORMATION REQUESTED, EVEN IF A RESUME IS TO BE ATTACHED. DO NOT INDICATE "SEE RESUME" . PLEASE ATTACH A SEPARATE PAGE IF YOU NEED TO LIST ADDITIONAL EMPLOYMENT INFORMATION.					
NAME OF CURRENT OR PREVIOUS EMPLOYER		DATE STARTED		END DATE	
ADDRESS		CITY	STATE	ZIP	
STARTING SALARY	ENDING SALARY	ADDITIONAL PAY		PHONE	
\$ Per	\$ Per	\$			
POSITION TITLE	SUPERVISOR'S NAME		REASON FOR LEAVING		
DESCRIPTION OF WORK					
				MAY WE CONTACT THIS EMPLOYER?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF CURRENT OR PREVIOUS EMPLOYER		DATE STARTED		END DATE	
ADDRESS		CITY	STATE	ZIP	
STARTING SALARY	ENDING SALARY	ADDITIONAL PAY		PHONE	
\$ Per	\$ Per	\$			
POSITION TITLE	SUPERVISOR'S NAME		REASON FOR LEAVING		
DESCRIPTION OF WORK					
				MAY WE CONTACT THIS EMPLOYER?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF CURRENT OR PREVIOUS EMPLOYER		DATE STARTED		END DATE	
ADDRESS		CITY	STATE	ZIP	
STARTING SALARY	ENDING SALARY	ADDITIONAL PAY		PHONE	
\$ Per	\$ Per	\$			
POSITION TITLE	SUPERVISOR'S NAME		REASON FOR LEAVING		
DESCRIPTION OF WORK					
				MAY WE CONTACT THIS EMPLOYER?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION & TRAINING

	SCHOOL NAME & LOCATION	MAJOR/MINOR	# OF YEARS COMPLETED	DIPLOMA OR DEGREE
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
MILITARY EDUCATION				
TECHNICAL OR VOCATIONAL				

REFERENCES

NAME	COMPANY	TITLE	DAYTIME PHONE

ADDITIONAL INFORMATION

Skills – Please indicate what skills, training and work experience qualifies you for the position for which you are applying:

- Typing – WPM_____ 10-Key by Touch Microsoft Access Microsoft Excel Microsoft Word
- Microsoft Power Point Wood/metal working equipment (list below) CAD/Design software Other specialty skills (list below)

Professional Memberships, Affiliations, Trade Licenses or Certifications relevant to the position for which you are applying:

Have you ever worked for Organ Supply Industries, Inc.? Yes No If yes, please list date(s), location(s) and job title(s):

Identify all relatives currently working for Organ Supply Industries, Inc. and their relationship to you:

Did a current Organ Supply Industries, Inc. employee refer you to this position? Yes No If yes, please name that employee:

Have you ever been convicted of a felony? Yes No If yes, Date: _____ Specifics: _____

(Existence of a conviction is not a bar to employment, unless job related)

PLEASE READ CAREFULLY BEFORE INITIALING BELOW AND SIGNING THIS APPLICATION:

Organ Supply Industries, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, gender, national origin, age, religion, creed, sexual orientation, disability, marital, veteran or any other protected classes. _____ Initial

I certify that this information given by me to the Company or its representative is true and correct to the best of my knowledge. I understand that any material misrepresentation or material omission in completing this application may result in disqualification from further consideration. I further understand that any materially false or misleading information may be cause for my termination if I am employed. _____ Initial

I authorize my previous employers, supervisors and any others providing information, to give company representative any information regarding my previous employment and job performance. I release the Company and all previous employers, supervisors and any others providing information, from any liability that may result from furnishing such information to the company. _____ Initial

I understand that if selected, I will be required to provide proof of my identity and my legal right to work in the United States. _____ Initial

In consideration of my employment, I agree to conform to the instructions, rules and policies of the Company. My employment shall be “at will” and can be terminated at any time at the option of either the Company or myself, and no reason need be given either by the Company or me. I understand that no representative of the Company, except an executive officer of the Company, has any authority to enter into any oral or written agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. _____ Initial

SIGNATURE

DATE

Return Application to: Organ Supply Industries, Inc. 2320 West 50th Street, Erie, PA 16506 / FAX 814-838-0349 / employment@organsupply.com