

# EMPLOYMENT APPLICATION

One Way, Inc.

An Equal Opportunity Employer

## JOB REQUIREMENTS

I understand that if the job for which I am applying is operator, driver, service provider, helper or mechanic, it requires:

- A. Lifting and/or carrying heavy weights, stooping, and bending.
- B. Mounting and dismounting stationary and moving equipment.
- C. Walking on uneven terrain.
- D. Working outside during all kinds of weather

Can you perform these functions?  YES  NO

## APPLICANT INFORMATION

Last Name		First Name		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Cell			Phone				
Date of Birth			E-mail Address				
Date Available			Social Security No.		Drivers' License #		
Position Applied for				Desired Salary			
Desired Employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

## EDUCATION

High School			Address				
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address				
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address				
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

## REFERENCES

Full Name			Relationship				
Company			Phone				
Address							
Full Name			Relationship				
Company			Phone				
Address							

## EMERGENCY CONTACT

Primary			Relationship				
Cell			Phone				
Secondary			Relationship				
Cell			Phone				

**PREVIOUS EMPLOYMENT**

Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				<input type="checkbox"/> YES	<input type="checkbox"/> NO		

**MILITARY SERVICE**

Branch					From		To	
Rank at Discharge				Type of Discharge				
If other than honorable, explain								

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.								
Signature						Date		