

PLEASE READ THE FOLLOWING BEFORE FILLING OUT THIS APPLICATION FORM:

Odyssey (hereafter the Company) is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment policies on the basis of age, race, sex, color, religion, national origin, physical or mental handicap, veteran status or any other basis that is prohibited by federal, state or local law. No question in this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

**TO APPLICANT: You must personally complete the application for it to be considered.**

Name in full (first, middle, last):				Date:	
Present Address:		City:	State:	Zip Code:	Telephone: ( )
Are you legally eligible for employment in the USA? ___ YES ___ NO		Social Security Number:		Have You ever used another name or Social Security number for identification? ___ YES ___ NO If so, please identify?	
In Case of Emergency, Notify:		Relationship:			Telephone: ( )
What type of drivers license do you have? ___ Operator ___ Commercial Operator Class _____ Any restrictions on license? ___ YES ___ NO If yes, explain:				License No.:	

**EMPLOYMENT HISTORY :**

**IMPORTANT! GIVE NAME AND ADDRESS OF LAST THREE (3) EMPLOYERS, BEGINNING WITH YOUR PRESENT OR LAST EMPLOYER:**

NAME OF EMPLOYER AND SUPERVISOR:	CITY AND STATE	JOB TITLE	DATE FROM:	DATE TO:	REASON FOR LEAVING:
1)					
2)					
3)					

**PERSONAL INQUIRY :**

Will you abide by the safety rules of this company?.....  YES  NO  
 If injured, will you accept the medical facilities recommended by your employer?.....  YES  NO  
 Have you ever been convicted of a criminal offense other than parking and speeding tickets?.....  YES  NO  
 If yes, complete the following:

DATE:	NATURE OF CONVICTION:	WHERE:	DISPOSITION OF OFFENSE:

Have you ever been convicted of a Traffic Law Violation (do not list Parking Violations)?.....  YES  NO  
 If yes, list offenses and dates:

\_\_\_\_\_

\_\_\_\_\_

Note: Information regarding conviction record will not necessarily bar any applicant from employment but will be reviewed in light of all surrounding circumstances, including age at time of offense, nature and seriousness of violation, rehabilitation, relationship of offense to employment and federal, state and local laws.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please fill out in your own words the following:

What kind of work are you looking for?

What kinds of positions have you held?

What special skills do you have?

Wage Desired: \_\_\_\_\_ Do you have a CDL Drivers license? Yes \_\_\_ No \_\_\_ State \_\_\_

Full Time \_\_\_ Part Time \_\_\_ Days & Hours Desired: \_\_\_\_\_

Employee Signature: \_\_\_\_\_