

Employment Application

O'Brien Hearing Center is an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability, without regard to race, religion, color, sex, age, national origin, disability, or veteran status. **Please complete application in detail. Please print, sign, & mail to us at our corporate office. Please be specific and fill in all appropriate blanks. All information given will be held in strict confidence.**



O'Brien Hearing Center, Inc.

CORPORATE OFFICE

410 E. Main Street

Washington, IN 47501-2979

Phone: 812-254-6616

FAX: 812-254-9110

www.obrienhearingcenter.com

Date:	
Name:	
Address:	
City, State:	
Zip/Postal Code:	
SS Number:	
Home Phone:	
Cell Phone:	
Positions Applied for:	
Salary Desired:	

Hours Available to Work:

Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	
Sun	

Full-Time Part Time Full or Part Time

When available to begin work?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Have you ever been convicted of a crime: Yes No

If yes, please explain

Do you have a drivers license? Yes No

State of issue:

Have you had any accidents in the past 3 years? Yes No

How many?

Do you had any moving violations in the past 3 years? Yes No

How many?

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: Yes No

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: Yes No

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: Yes No

Skills:

Typing:

Computer: PC Mac Both

Applications (list all that apply):

Other Skills:

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Do you have dependable transportation? Yes No

In case of emergency contact:

Name:	
Address:	
City, State:	
Zip/Postal Code:	
Phone Number:	
Relationship:	

Which location of O'Brien Hearing Center are you interested in working?

Washington Vincennes Jasper

Why do you want to work for our company?

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, **O'Brien Hearing Center** or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. Also, I agree if required to undergo a medical examination by a company designated physician and understand that medical approval must be obtained before employment can be effected. I have noted that **O'Brien Hearing Center** is an Equal Opportunity Employer and applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National origin, Disability, or Veteran Status. I realize that if I am hired, **O'Brien Hearing Center** reserves the right to terminate my employment whenever the need arises.

Signature

Date