



**APPLICATION FOR EMPLOYMENT
OPERATION BREAKTHROUGH, INC.**

**800 N. Mangum Street, P.O. Box 1470, Durham, NC 27702 (919) 688-8111
TDD/TTY 1-800-735-2962 Voice 1-800-735-8262 or 711**

EEO/AA EMPLOYER

In compliance with Federal and State equal employment laws, we do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

GENERAL INFORMATION

Today's Date: _____ Position(s) Applied For: _____

What hours are you seeking? _____ Part Time _____ Full Time

Are you seeking _____ Regular _____ Temporary employment?

Date available for work: _____ Hours available for work Monday through Friday: _____

Minimum acceptable salary? \$ _____ per _____ Valid NC Driver's License? ___ Yes ___ No

Are you currently employed? ___ Yes ___ No If yes, may we contact your employer regarding your experience and qualifications? ___ Yes ___ No

PERSONAL DATA

Name: _____ Address: _____
(Last) (First) (MI)

City: _____ State: _____ Zip Code: _____

Telephone No. (____) _____

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

Are you 18 years of age or older? ___ Yes ___ No If not, your Work Permit number? _____

Veteran? ___ Yes ___ No If yes, what branch of service? _____ From _____ To _____

OTHER

Have you ever been employed at OBT? ___ Yes ___ No If yes, when? _____

Have you ever applied for work at OBT? ___ Yes ___ No If yes, when? _____

Have you ever been convicted of any crime other than minor traffic violations? ___ Yes ___ No If so, please indicate the date and type of offense(s):

Date: _____ Offense _____

Date: _____ Offense _____

EDUCATION AND TRAINING

Name of high school or GED location: _____

Address: _____

Dates attended: From _____ To _____ Date of graduation or expected date: _____

Name of college, university or technical school: _____

Address: _____

Dates attended: From _____ To _____ Date of graduation or expected date: _____

Major or Subject: _____

Graduate or Professional school: _____

Address: _____

Dates attended: From _____ To _____ Date of graduation or expected date: _____

Major or Subject: _____

Other (college, trade, professional program): _____

Address: _____

Dates attended: From _____ To _____ Date of graduation or expected date: _____

Major or Subject: _____

WORK HISTORY

List below the names of employers, beginning with the most recent or current, and ending with the least recent. If self-employed, indicate the name of the business, type of business, and at least two business references.

Name of Employer: _____ **Name of Supervisor:** _____

Address: _____ Employed From _____ To _____

Telephone No. (____) _____ Starting Pay: \$ _____ Ending: \$ _____

Job Title: _____ Reason for Leaving: _____

Job Duties: _____

Name of Employer: _____ **Name of Supervisor:** _____

Address: _____ Employed From _____ To _____

Telephone No. (____) _____ Starting Pay: \$ _____ Ending: \$ _____

Job Title: _____ Reason for Leaving: _____

Job Duties: _____

Name of Employer: _____ **Name of Supervisor:** _____

Address: _____ Employed From _____ To _____

Telephone No. (____) _____ Starting Pay: \$ _____ Ending: \$ _____

Job Title: _____ Reason for Leaving: _____

Job Duties: _____

Do you have any relatives currently employed by OPERATION BREAKTHROUGH, INC? __Yes __No

NAME	RELATIONSHIP	DEPARTMENT
_____	_____	_____
_____	_____	_____

I consent to OPERATION BREAKTHROUGH, INC.'S Employee Drug and Alcohol Testing Program, which includes pre-employment, random, post-accident, periodic, and reasonable suspicion drug and alcohol testing.

NAME: _____ SIGNATURE: _____ DATE: _____

REFERENCES

List three professional and work related references.

NAME	ADDRESS	TELEPHONE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION

I certify that the answers given by me to the forgoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that OBT shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omission made by me in this questionnaire. I also authorize that companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from liability for any damage for issuing this information.

I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment, and that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at the time, and with or without cause; hence, the employer's only obligation being to pay salary or wages due and owed at the time of termination. Finally, I understand that all OBT property must be returned and my indebtedness to the OBT must be paid before my termination. I authorize OBT to deduct from my final paycheck(s) all monies due and owned to OBT.

Date: _____ **Signature:** _____

DO NOT WRITE BELOW THIS LINE

COMPANY USE ONLY:

Date application received: _____ Received by: _____

Date application forward to HR: _____ Received in HR by: _____

Application referred to: _____ Date of referral: _____

Disposition: _____ Interviewed by: _____

Job Classification: _____ Interview's remarks and recommendations:

Date Employed (Starting) _____

Starting Rate: \$ _____ per _____

Department: _____

Clock No. _____

Application information checked by: Name: _____ Date: _____

Background check requested on: _____ Information submitted on: _____

Drug test requested on: _____ Result eligible for hire: ___ Yes ___ No

Verification of Drivers License by: _____ License State & Number _____

References checked by, verified and documented by: _____ Date _____

Job history verified by: _____ Date _____

Education verified by: _____ Date _____

I-9 eligibility verified by: _____ Date _____

IF PROMOTION, HAS TRANSFER BEEN CORDINATED BETWEEN DEPARTMENTS?

YES ___ NO ___ BY WHOM _____