

# ODYSSEY SHANKLE BUS & TRUCK REPAIR

Date of Application \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

As an equal opportunity employer, ODYSSEY SHANKLE does not discriminate in hiring or terms and conditions of employment because an individual's race, creed, color, sex, age, disability, religion, sexual orientation or national origin.

### AVAILABILITY

Position Applying for: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Desired Schedule:

Full-Time  Part-Time  Temporary

Salary Desired: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone No. \_\_\_\_\_ Evening Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ Are you over 18? \_\_\_\_\_

### EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period in which you were unemployed by listing the nature of your activities. If you no prior employment history, include personal references to be contacted.

May we contact your present employer?  Yes  No

Employer	Dates		Position/Title
	From	To	
Address			Duties Performed
City State Telephone			
Supervisor	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			
Employer	Dates		Position/Title
	From	To	
Address			Duties Performed
City State Telephone			
Supervisor	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			
Employer	Dates		Position/Title
	From	To	
Address			Duties Performed
City State Telephone			
Supervisor	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			
Employer	Dates		Position/Title
	From	To	
Address			Duties Performed
City State Telephone			
Supervisor	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			

**EDUCATION**

Type of School	Name and Location of School	Degree / Area of Study	Number of Years Completed	Graduated? (check one)
High School	Name			<input type="checkbox"/> Yes
	City State			<input type="checkbox"/> No
College	Name			<input type="checkbox"/> Yes
	City State			<input type="checkbox"/> No
Other	Name			<input type="checkbox"/> Yes
	City State			<input type="checkbox"/> No

**REFERENCES** Below, give the names of three persons you are not related to, whom you have known at least one year.

Name	Address	Business	Years Acquainted

**MISCELLANEOUS**

Is there any additional information involving a change of your name or assumed name that will permit us to check your record? If yes, please explain.

Have you ever been employed by ODYSSEY SST or EARLE SHANKLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Employed	Location	Supervisor	Position

List names of friends or relatives now employed by ODYSSEY SHANKLE BUS & TRUCK REPAIR.

**PERSON TO CONTACT IN CASE OF EMERGENCY**

This information is to facilitate contact in the event of an event of an emergency and is not used in the selection process.

Full Name	Address	Phone	Relationship to you?
Place of Employment	Address	Phone	

**PLEASE READ THIS STATEMENT CAREFULLY**

"I certify that all the information submitted by me on this application is true and complies, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, My employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, had any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE STARTING WORK \_\_\_\_\_

APPROVED \_\_\_\_\_  
 MANAGER ASSISTANT MANAGER