



ORTHOTIC & PROSTHETIC TECHNOLOGIES, INC.

APPLICATION FOR EMPLOYMENT

LAST NAME		FIRST NAME		MIDDLE NAME		NICKNAME		SOCIAL SECURITY #		
PRIMARY STREET ADDRESS			APT#	CITY		STATE		ZIP CODE		
HOME PHONE			OTHER PHONE			EMERGENCY INSTRUCTIONS				
ARE YOU PRESENTLY 18 YEARS OR OLDER?		DATE OF BIRTH		EMERGENCY CONTACT (NAME / PHONE)						
<input type="checkbox"/> YES <input type="checkbox"/> NO										
REFERRER BY			US CITIZEN?		HAVE YOU EVER HAD A U.S. SECURITY CLEARANCE RATING?		WOULD YOU BE WILLING TO TAKE A DRUG TEST?			
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME? IF YES GIVE DETAILS, DATE, CITY & STATE										
<input type="checkbox"/> YES <input type="checkbox"/> NO										
DO YOU HAVE RELIABLE TRANSPORTATION?			WHAT TYPE OF TRANSPORTATION DO YOU USE?		DRIVER'S LICENSE #		STATE		DATE EXPIRES CLASS	
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> CAR <input type="checkbox"/> PUBLIC <input type="checkbox"/> OTHER							
ARE YOU CURRENTLY A STUDENT?			IF YES FULL TIME OR PART TIME?			DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?				
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			<input type="checkbox"/> YES <input type="checkbox"/> NO				
INDICATE TYPE(S) OF WORK YOU ARE INTERESTED IN DOING										
<input type="checkbox"/> OFFICE <input type="checkbox"/> INFORMATION PROCESSING <input type="checkbox"/> LIGHT INDUSTRY <input type="checkbox"/> MARKETING <input type="checkbox"/> TECHNICAL/ PROFESSIONAL (CALL CENTER/DATA ENTRY)										
WHAT IS YOUR MINIMUM WAGE REQUIREMENT?			WHEN CAN YOU START WORK?				ARE YOU LOOKING FOR TEMPORARY WORK?			
							<input type="checkbox"/> YES <input type="checkbox"/> NO			
INDICATE WHAT DAYS/HOURS YOU ARE AVAILABLE FOR WORK						EMAIL ADDRESS				
<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN										
PLEASE INDICATE OTHER SHIFTS YOU WOULD BE WILLING TO WORK										
<input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> GRAVE <input type="checkbox"/> PART-TIME <input type="checkbox"/> WEEKENDS										

WORK HISTORY

FROM	TO	EMPLOYER	ADDRESS	PHONE	MAY WE CONTACT?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
PAY RATE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	JOB TITLE/DUTIES	SUPERVISOR	REASON FOR LEAVING	
FROM	TO	EMPLOYER	ADDRESS	PHONE	MAY WE CONTACT?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
PAY RATE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	JOB TITLE/DUTIES	SUPERVISOR	REASON FOR LEAVING	
FROM	TO	EMPLOYER	ADDRESS	PHONE	MAY WE CONTACT?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
PAY RATE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	JOB TITLE/DUTIES	SUPERVISOR	REASON FOR LEAVING	

EDUCATION HISTORY

SCHOOL TYPE	NAME	CITY/STATE	DEGREE(S)	COURSE OF STUDY	DATES ATTENDED
HIGH SCHOOL					
COLLEGE/ VOCATIONAL SCHOOL					

QUALIFICATIONS/CERTIFICATIONS

NAME	TYPE	ISSUING AUTHORITY	ISSUING DATE	DOCUMENT #

OFFICE SKILLS

CHECK THE AREAS BELOW IN WHICH YOU HAVE EXPERIENCE OR WOULD LIKE ASSIGNMENTS

<p>CLERICAL</p> <p><input type="checkbox"/> COPYING</p> <p><input type="checkbox"/> FILING</p> <p><input type="checkbox"/> KEYBOARD/TYPING</p> <p><input type="checkbox"/> MAILROOM</p> <p><input type="checkbox"/> PROOFREADING</p> <p><input type="checkbox"/> RECEPTION</p> <p><input type="checkbox"/> SWITCHBOARD</p> <p>ADDITIONAL SKILLS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>EQUIPMENT</p> <p><input type="checkbox"/> COPIER</p> <p><input type="checkbox"/> ELECTRONIC TYPEWRITER</p> <p><input type="checkbox"/> FAX</p> <p><input type="checkbox"/> PHONE SYSTEM</p> <p>MODEL NAME _____</p> <p># INCOMING LINES _____</p> <p># EXTENSIONS _____</p>	<p>SECRETERIAL</p> <p><input type="checkbox"/> EXECUTIVE</p> <p><input type="checkbox"/> LEGAL</p> <p><input type="checkbox"/> MEDICAL</p> <p><input type="checkbox"/> STATISTICAL</p> <p><input type="checkbox"/> SHORTHAND</p> <p>ADDITIONAL SKILLS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>EQUIPMENT</p> <p><input type="checkbox"/> MACHINE DICTATION</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FINANCIAL</p> <p><input type="checkbox"/> ACCOUNTING</p> <p><input type="checkbox"/> BANKING</p> <p><input type="checkbox"/> BOOKKEEPING</p> <p><input type="checkbox"/> CREDIT/COLLECTIONS</p> <p><input type="checkbox"/> PAYABLES</p> <p><input type="checkbox"/> PAYROLL</p> <p><input type="checkbox"/> POSTING</p> <p><input type="checkbox"/> RECIEVABLES</p> <p>ADDITIONAL SKILLS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>EQUIPMENT</p> <p><input type="checkbox"/> CALCULATOR</p> <p><input type="checkbox"/> VISUAL</p> <p><input type="checkbox"/> TOUCH</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>MARKETING</p> <p><input type="checkbox"/> CASHIER</p> <p><input type="checkbox"/> COUPON DISTRIBUTION</p> <p><input type="checkbox"/> DEMONSTRATING</p> <p><input type="checkbox"/> DETAILING</p> <p><input type="checkbox"/> MERCHANDISING</p> <p><input type="checkbox"/> SALES</p> <p><input type="checkbox"/> SHOPPER</p> <p><input type="checkbox"/> TELEMARKETING</p> <p><input type="checkbox"/> TRAINER</p> <p>ADDITIONAL SKILLS</p> <p>_____</p> <p>_____</p> <p>_____</p>
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LANGUAGE SKILLS

INDICATE OTHER LANGUAGES YOU CAN

	READ	WRITE	SPEAK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE AUTOMATION SKILLS

APPLICATION	SOFTWARE (INCLUDE VERSION) SUCH AS MS WORD 2000, LOTUS 1-2-3 97	OPERATING SYSTEMS (SUCH AS WINDOWS NT)
<input type="checkbox"/> WORD PROCESSING		
<input type="checkbox"/> SPREADSHEET		
<input type="checkbox"/> DATABASE MANAGEMENT		
<input type="checkbox"/> DESKTOP PUBLISHING		
<input type="checkbox"/> PRESENTATION GRAPHICS		
<input type="checkbox"/> ELECTRONIC MAIL		
<input type="checkbox"/> ELECTRONIC SCHEDULING		
<input type="checkbox"/> GROUPWARE		
<input type="checkbox"/> PROJECT MANAGEMENT		
<input type="checkbox"/> OTHER APPLICATIONS		
<input type="checkbox"/> ADDITIONAL SKILLS		

INDUSTRIAL SKILLS

CHECK THE AREAS BELOW IN WHICH YOU HAVE EXPERIENCE AND WOULD LIKE ASSIGNMENTS

<p>GENERAL YEARS EXPERIENCE</p> <p><input type="checkbox"/> ASSEMBLY _____</p> <p><input type="checkbox"/> BINSERY WORK _____</p> <p>DRIVING</p> <p><input type="checkbox"/> CDL _____</p> <p><input type="checkbox"/> CHAUFFEURS LICENSE _____</p> <p><input type="checkbox"/> FORKLIFT OPERATION _____</p> <p style="padding-left: 20px;">CERTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 20px;">TYPE _____</p> <p><input type="checkbox"/> INVENTORY _____</p> <p><input type="checkbox"/> INSPECTION _____</p> <p><input type="checkbox"/> MATERIAL HANDLING _____</p> <p><input type="checkbox"/> METER READING _____</p> <p><input type="checkbox"/> ORDER PICKING _____</p> <p><input type="checkbox"/> PACKING _____</p> <p><input type="checkbox"/> STOCKING _____</p> <p><input type="checkbox"/> QUALITY TECHNICIAN _____</p> <p><input type="checkbox"/> WAREHOUSE _____</p> <p>ADDITIONAL SKILLS _____</p>	<p>MACHINE YEARS EXPERIENCE</p> <p><input type="checkbox"/> CNC/NC MACHINES _____</p> <p><input type="checkbox"/> INJECTION MOLDING _____</p> <p><input type="checkbox"/> MACHINE OPERATION _____</p> <p><input type="checkbox"/> MACHINIST SKILLS _____</p> <p><input type="checkbox"/> MACHINE SETUP _____</p> <p><input type="checkbox"/> MAILING _____</p> <p><input type="checkbox"/> MILLWRIGHT _____</p> <p><input type="checkbox"/> PATTERN MAKING _____</p> <p><input type="checkbox"/> PRINTING _____</p> <p><input type="checkbox"/> ROBOTICS _____</p> <p><input type="checkbox"/> SHEET METAL FAB _____</p> <p><input type="checkbox"/> TOOL AND DIE _____</p> <p><input type="checkbox"/> WOODWORKING _____</p> <p>ADDITIONAL SKILLS _____</p>	<p>BENCHWORK YEARS EXPERIENCE</p> <p><input type="checkbox"/> ELECTRONIC ASSEMBLY _____</p> <p><input type="checkbox"/> GRINDING _____</p> <p><input type="checkbox"/> POLISHING _____</p> <p><input type="checkbox"/> POWER TOOLS _____</p> <p><input type="checkbox"/> SANDING _____</p> <p><input type="checkbox"/> SEMI-CONDUCTOR ASSEMBLY _____</p> <p><input type="checkbox"/> SOLDERING _____</p> <p><input type="checkbox"/> WIRING _____</p> <p><input type="checkbox"/> WELDING _____</p> <p>ADDITIONAL SKILLS _____</p>
<p>STRUCTURAL YEARS EXPERIENCE</p> <p><input type="checkbox"/> ELECTRICAL _____</p> <p><input type="checkbox"/> MAINTENANCE _____</p> <p><input type="checkbox"/> METAL WORKING _____</p> <p><input type="checkbox"/> PIPE FITTING _____</p> <p><input type="checkbox"/> PLUMBING _____</p> <p><input type="checkbox"/> TRADESMAN HELPER _____</p> <p>ADDITIONAL SKILLS _____</p>	<p>OTHER YEARS EXPERIENCE</p> <p><input type="checkbox"/> AUTO MECHANIC _____</p> <p><input type="checkbox"/> FOOD HANDLING _____</p> <p><input type="checkbox"/> JANITORIAL _____</p> <p><input type="checkbox"/> LANDSCAPING _____</p> <p><input type="checkbox"/> KEYBOARDING _____</p> <p>ADDITIONAL SKILLS _____</p>	<p>OTHER YEARS EXPERIENCE</p> <p><input type="checkbox"/> MEASURING TOOLS _____</p> <p><input type="checkbox"/> METRIC SCALE _____</p> <p><input type="checkbox"/> PAINTING _____</p> <p><input type="checkbox"/> SHIPPING/RECEIVING _____</p> <p><input type="checkbox"/> SHOP MATH _____</p> <p>ADDITIONAL SKILLS _____</p>

REFERENCES

LIST NAME AND TELEPHONE # OF THREE BUSINESS/ WORK REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS SUPERVISORS. IF NOT APPLICABLE, LIST THREE SCHOOL OR PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU.

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	
	() -	

LIST PROFESSIONAL TRADE, BUSINESS CIVIC ASSOCIATIONS AND ANY OFFICES HELD. (EXCLUDE MEMEBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.)

ORGANIZATION	OFFICES HELD

ARE YOU INTERESTED/EXPERIENCED IN JOB TASKS THAT REQUIRE?					
	INTERESTED	EXPERIENCED		INTERESTED	EXPERIENCED
SPOTTING DEFECTS AND INCONSISTENCIES IN GROUPS OF ITEMS	<input type="checkbox"/>	<input type="checkbox"/>	READING BLUEPRINT/ SCHEMATICS	<input type="checkbox"/>	<input type="checkbox"/>
SORTING OBJECTS BY NUMBER, SIZE, COLOR, ETC	<input type="checkbox"/>	<input type="checkbox"/>	WORKING WITH DECIMALS/ PERCENTAGES	<input type="checkbox"/>	<input type="checkbox"/>
COORDINATING BOTH HANDS AND ARMS TO MOVE ITEMS	<input type="checkbox"/>	<input type="checkbox"/>	USING A CALCULATOR	<input type="checkbox"/>	<input type="checkbox"/>
USING HAND TOOLS TO ASSEMBLE OR TAKE APART OBJECTS	<input type="checkbox"/>	<input type="checkbox"/>	COUNTING AITEMS AND RECORDING TOTALS	<input type="checkbox"/>	<input type="checkbox"/>
SKILLFULLY USING FINGERS TO ASSEMBLE VERY SMALL OBJECTS	<input type="checkbox"/>	<input type="checkbox"/>	USING MATH SKILLS	<input type="checkbox"/>	<input type="checkbox"/>
RAPIN, CONTINUOUS WRIST/ FINGER MOVEMENTS TO COMPLETE PRECISE TASKS	<input type="checkbox"/>	<input type="checkbox"/>	WRITING NUMBERS NEATLY AND CLEARLY	<input type="checkbox"/>	<input type="checkbox"/>
KEEPING DAILY OR WEEKLY PRODUCTION RECORDS	<input type="checkbox"/>	<input type="checkbox"/>	FOLLOWING MANY DETAILED PROCEDURES TO COMPLETE A TASK	<input type="checkbox"/>	<input type="checkbox"/>
MAKING PRECISE, STEADY HAND MOVEMENTS	<input type="checkbox"/>	<input type="checkbox"/>	PERFORMING A TEDIOUS TASK FOR LONG PERIODS OF TIME	<input type="checkbox"/>	<input type="checkbox"/>
			PAYING CLOSE ATTENTION FOR LONG PERIODS OF TIME	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT AGREEMENT

Please Read and initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

Initial : _____

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

Initial : _____

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Initial : _____

Applicant Signature

Date

Printed Name