



## EMPLOYMENT APPLICATION

Optimal Reading Services Group Inc. is an EQUAL OPPORTUNITY EMPLOYER. Qualified applicants receive consideration for employment without regard to their race, religion, color, ancestry, age, sex, or disability. To be considered for employment, this application must be completed fully, including its addenda. Your responses to the questions in this application form must be accurate and complete and they will be judged in relation to the requirements for the job you are seeking. Applications may remain active for three months. Applicants selected for employment will be required to prove U.S. citizenship or a legal right to work in the U.S. as determined by the U.S. Immigration and Naturalization Service. Optimal Readings is an “at will” employer, which means employment may be terminated by the employee or the company at any time, with or without notice, and for any reason or no reason at all.

### IDENTIFICATION

Name (Last)	(First)	(Middle)	
Address (Number) (Street)		(City)	(State) (Zip)
Home Phone Number (Area Code & No.)	Work Phone Number (Area Code & No.)	Social Security Number	Are you at least 18 years old?
Cell Phone Number	E-mail Address	Best Method to Contact You	

### EMPLOYMENT DESIRED

Position Desired	
Applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Either
Which shift will you work? <input type="checkbox"/> Any <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	
Salary or Hourly Rate Expected \$ _____ per _____	Date available to start



### GENERAL INFORMATION

What prompted your application or who referred you to us? Own Accord  Advertisement

Placement Agency  State Empl Svc  Another Employee \_\_\_\_\_ Other \_\_\_\_\_

**Office and Computer Skills**  
 Typewriter or Computer Keyboard Yes  No  if yes, approximate wpm \_\_\_\_\_  
 Please list others: \_\_\_\_\_

**Computer Software Skills** (check all that apply)  
 MS Word       MS Excel       MS Access  
 MS PowerPoint       MS Outlook       MS Publisher  
 Other \_\_\_\_\_

Licenses, Registration, Certifications	Issuing Agency or Organization	Cert. or ID No.	Expiration Date

Have you ever been employed by Optimal Readings or any of its subsidiaries?  
 Yes  No If YES, give details in EMPLOYMENT section

Please name anyone you know employed by Optimal Readings. (This is neither an advantage nor disadvantage. It helps us with placement.) Please provide relationship

Have you ever been convicted of any violation of law by any court other than for a minor traffic offense?  
 \_\_\_\_\_ If YES, please explain, giving date, offense, and disposition.  
 \_\_\_\_\_  
 \_\_\_\_\_

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

### EDUCATION/TRAINING

	Name and location of school/training	No. Years Completed	Diploma/Degree	Program or major courses	Grade Average
Last High School					
College/University, Professional, Business or Technical School					
Graduate School					
Subject of special study or research					
Extracurricular activities in high school and/or college					



## EMPLOYMENT HISTORY

List all employment **and** periods of unemployment during the last fifteen years. You may list employment prior to fifteen years ago which is related to the job you are seeking or if you wish to have it considered. You are not required to list military service, but you may do so if it is related to your career and you wish to have it considered.

Present Employer (Company Name) or period of unemployment		Telephone No.	From Mo/Yr	To Mo/Yr
Employer's Address	City	State	Zip	Department
				Supervisor
Your Job Title	Your name at the time		Salary/Wage	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temp <input type="checkbox"/>
Describe duties, equipment operated and special accomplishments				
Reason for leaving				
May we contact this employer?				

Previous Employer (Company Name) or period of unemployment		Telephone No.	From Mo/Yr	To Mo/Yr
Employer's Address	City	State	Zip	Department
				Supervisor
Your Job Title	Your name at the time		Salary/Wage	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temp <input type="checkbox"/>
Describe duties, equipment operated and special accomplishments				
Reason for leaving				
May we contact this employer?				

Previous Employer (Company Name) or period of unemployment		Telephone No.	From Mo/Yr	To Mo/Yr
Employer's Address	City	State	Zip	Department
				Supervisor
Your Job Title	Your name at the time		Salary/Wage	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temp <input type="checkbox"/>
Describe duties, equipment operated and special accomplishments				
Reason for leaving				
May we contact this employer?				



Previous Employer (Company Name) or period of unemployment		Telephone No.	From Mo/Yr	To Mo/Yr
Employer's Address	City	State	Zip	Department
				Supervisor
Your Job Title	Your name at the time		Salary/Wage	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temp <input type="checkbox"/>
Describe duties, equipment operated and special accomplishments				
Reason for leaving				
May we contact this employer?				

Request additional sheets if needed, or use plain paper and provide same information as above.

### REFERENCES

List three persons who have known you for at least one year. Please exclude relatives.	
<b>Reference #1</b>	
Name	
Address	
Phone No. (type: home, cell, etc)	
Business	
E-mail Address	
<b>Reference #2</b>	
Name	
Address	
Phone No. (type: home, cell, etc)	
Business	
E-mail Address	
<b>Reference #3</b>	
Name	
Address	
Phone No. (type: home, cell, etc)	
Business	
E-mail Address	



## STATEMENT OF CERTIFICATION, AUTHORIZATION, AND AGREEMENT

I certify that the information I have provided in this application form, in my resume, and interview(s) is complete and accurate. I authorize all my former employers and personal references to answer inquiries made by Optimal Reading Services Group Inc. and I hereby release all such parties including Optimal Readings, its subsidiaries, employees, scribes, and agents from liability as a result of doing so. I agree that if, in the exclusive opinion of Optimal Readings, I have made any misrepresentation, or the results of the investigation are not satisfactory, any offer of employment may be withdrawn or, if already hired and working, I may be terminated without liability, except for payment at the rate agreed upon for services actually rendered. I understand this authorization to investigate my background is extended to and covers the entire period of my employment with Optimal Readings. A copy of this agreement and certification can serve as an original.

I understand and agree that Optimal Readings is an “at will” employer and that this means that my compensation can be changed by the company at any time or my employment can be terminated by me or Optimal Readings at any time and for any reason, or for no reason at all, and that no one, except the Chief Executive Officer of Optimal Readings, is authorized to enter into a contract or agreement of employment with me for any specific period of time or offer me any benefits different than those generally available to other similarly situated employees as stated in the company’s benefit plans and employee policy manual. Any such agreement must be in writing and signed by me and the Chief Executive Officer of Optimal Readings. Any other such agreements, oral or written, by anyone else are considered null and void.

If I am hired, I understand I will be required to complete all forms and documentation the company requires for its new hire processing. My failure to do so may result in withdrawal of any employment offer or termination if I have already started to work. After employment, I understand that I will be required to complete all documentation the company requires upon demand including, but limited to, tax withholding, personal information changes, benefit enrollment forms, performance appraisals, and warning notices and other corrective actions. My failure to do so may result in disciplinary action up to and including termination, as deemed appropriate by the company.

I understand I must adhere to the policies and procedures of Optimal Readings while I am an employee of the company.

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