



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

(PLEASE PRINT CLEARLY)

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 salary required: \$ _____ per _____ Valid NC Driver's License? ____ Yes ____ No
Are you currently employed: ____ Yes ____ No If yes, may we contact your present employer regarding
your experience and qualifications? ____ Yes ____ No

PERSONAL DATA

(PLEASE PRINT CLEARLY)

Name: _____ Address: _____
(Last) (First) (MI) (Number & Street)

City: _____ State: _____ Zip Code: _____

Telephone Number: _____
(Home) (Cell)

Are you eligible to work in the United States? ____ Yes ____ No
Are you 18 years of age or older? ____ Yes ____ No If not, your work permit number: _____
Do you have any friends, relatives, or acquaintances working for Company: ____ Yes ____ No
If yes, state name & relationship: _____
Have you ever been in the armed forces? ____ Yes ____ No
Are you now a member of any reserve unit ____ Yes ____ No

OTHER

(PLEASE PRINT CLEARLY)

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 _____

HEALTH

(PLEASE PRINT CLEARLY)

Would you be willing to take a physical examination if necessary: ____ Yes ____ No
Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? ____ Yes ____ No

If no, describe the functions that cannot be performed _____

(Note: Company complies with the ADA and will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

EDUCATION AND TRAINING

(PLEASE PRINT CLEARLY)

Name of high school or GED location: _____ City & State: _____

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

Name of college, university or technical school: _____

City & State: _____ Dates attended: From _____ To _____

Date of graduation or expected date: _____ Type of degree _____

Major or Subject: _____

Graduate or Professional School: _____

City & State: _____ Dates attended: From _____ To _____

Date of graduation or expected graduation date: _____ Type of degree: _____

Other (College, Trade, Professional program): _____

City & State: _____ Dates attended: From _____ To _____

Date of graduation or expected date: _____ Major or Subject: _____

WORK HISTORY

(PLEASE PRINT CLEARLY)

Please list your work experience for the **past ten (10) years** beginning with your most recent job held. If you were self-employed, indicate the names of the business, type of business and at least two (2) business references.

PLEASE USE AN ADDITIONAL SHEET(S) TO LIST ADDITIONAL EMPLOYMENT IF NECESSARY

(1)Name of Employer: _____ Name of Supervisor: _____

Address: _____ Employed from _____ to _____

Telephone #: _____ Starting pay: \$ _____ Ending \$ _____

Job Title: _____ Reason for Leaving: _____

Job Duties: _____

(2)Name of Employer: _____ Name of Supervisor: _____

Address: _____ Employed from _____ to _____

Telephone #: _____ Starting pay: \$ _____ Ending \$ _____

Job Title: _____ Reason for Leaving: _____

Job Duties: _____

(3) Name of Employer: _____ Name of Supervisor: _____

Address: _____ Employed from _____ to _____

Telephone #: _____ Starting pay: \$ _____ Ending \$ _____

Job Title: _____ Reason for Leaving: _____

Job Duties: _____

(4) Name of Employer: _____ Name of Supervisor: _____

Address: _____ Employed from _____ to _____

Telephone #: _____ 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

(PLEASE PRINT CLEARLY)

List three (3) professional **and** work related references:

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

AUTHORIZATION

I certify that the answers given by me to the foregoing 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 omissions made by me in this questionnaire. I also authorized the 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 certify that all statements and answers to questions about my health are true and was made by me without reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. 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 any 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 OBT must be paid before my termination. I authorize OBT to deduct from my final paycheck(s) all monies due and owed 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: _____	_____
Payroll No: _____	_____
Application information checked by:	
Name: _____	Date: _____
Background check requested on: _____	Information submitted on: _____
Drug test requested on: _____	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 _____