

An Equal Opportunity Employer.

665 Huntington Lane Conway, AR 72034 501-529-2846

Date:

Last Name F	irst Name	Middle	Initial	Social Securit	y Number:	
Street Address Ci	ty/State	Zip Code		Phone Number: Alternate Phone:		
If hired, can you provide evidence of legal eligibility to work in the U.S.?		Drivers License #: Do you have valid D.L.?				
Position Desired:	Wage/Salary Desired:		Full Time? Part Time?			
Date you can begin work.	Are you 18 years of age or older?		Date of Birth: Age:			
Do you understand that at Olse and sometimes on the weekend	-	_		nday through F	riday	
Name of high school attended:	City & State	(Graduate?	GED?		
Name of college or technical school:	City & State	(Graduate?	Degree?	Major:	
List any job-related skills or accomplishments.						
Currently in Military (Guard or Reserve)?						

- Provide Three References Who Are Not Former Employers Who We May Contact -						
Name and Occupation	How do you know them, and for how long?	Phone Number				

Your Employment History

Name of Employer:	Job Title:
	Duties:
Address:	Dates of Employment:
	From: To:
City, State, Zip Code	Hourly pay or salary:
	Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
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Name of Employer:	Job Title:
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Address:	Dates of Employment:
City, State Zin Code	From: To:
City, State, Zip Code	Hourly pay or salary:
~ .	Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
rerephone.	
Name of Employees	Job Title:
Name of Employer:	Duties:
Address:	Dates of Employment:
. Iddiess.	From: To:
City, State, Zip Code	Hourly pay or salary:
r - Jy, a many r	Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
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Telephone:	
otify in case of Emergency	
ame	Relationship
ddress	

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have further understand and agree that if I am employed by Olsen Sprinkler, Inc., that my employment can be terminated at any time for any reason. All employees agree to a non-complete for a period of 2 years from date of end of employment in areas that we currently cover.

I have read, understand, and agree to the above statements. I have read, understand and agree with the employee handbook/policy.

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Signature:		Date: