



OEM Worldwide
 2920 Kelly Ave.
 P.O. Box 430
 Watertown, SD 57201
 605-886-2519 * Fax 605-886-5123
 www.oemworldwide.com
 oem-hr@oemworldwide.com

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

APPLICATION FOR AT WILL EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Social Security Number _____ Telephone _____

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Email Address _____

Referral Source _____

EMPLOYMENT DESIRED

Any Shift
 First Shift
 Second Shift
 Third Shift
 Regular
 Temporary
 Summer Work
 Part-time

Position _____ Date you can start _____

Are you employed now? Yes No If so, may we contact your employer? Yes No

Have you previously applied at OEM Worldwide? Yes No When? _____

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule other than Monday through Friday. I understand and accept these as conditions of employment.

EDUCATION/TRAINING

Do you possess a high school diploma or GED? Yes No

	Post Secondary School	Circle Last Year Completed	Subjects Studied and Degree(s) Received	Did you graduate?
High School		1 2 3 4		
College		1 2 3 4		
Trade, Business or Correspondence School		1 2 3 4		

List all relevant licenses, certificates or registrations you possess (include expiration date, license number, and issuing state). Also, identify any other educational experiences that may be relevant to the position for which you are applying.

Are you at least 18 years of age? Yes No

Are you an Armed Forces Veteran? Yes No

Length of Service: _____ Years

EMPLOYMENT RECORD

Have you previously been employed at OEM Worldwide? Yes No

Date of employment _____ Position _____

List below your last four employers, starting with most recent or current position.

Date: Month and Year	Name and Address of Employer	Salary	Duties of Position	Reason for Leaving
From		\$		
To				
From		\$		
To				
From		\$		
To				
From		\$		
To				

REFERENCES

Below give the names of two of the above employers whom we may contact.

1. _____
Employer/Supervisor _____ Company _____ Telephone _____
2. _____
Employer/Supervisor _____ Company _____ Telephone _____

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

Name	Address/Telephone	Business/Occupation	Years Acquainted
1.			
2.			
3.			

I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal and otherwise. I release these parties from any liability for any damage that may result from furnishing this information to you.

PERSONAL RECORD

I hereby consent to a medical exam as requested by OEM Worldwide as a condition of potential or continuing employment.

Another number at which I may be reached: Name _____ Phone _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without any previous notice. I also understand that any employment-related claims against OEM must be filed within six months of the disputed action.

Date _____ Signature _____