



J. Oros Environmental, Inc.

Employment Application, please email back to jaymer@orosandbusch.com and a copy of your drivers license.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Oros and Busch Application Technologies Inc.
Motor Vehicle Record
Release Form

I authorize Oros and Busch Application Technologies Inc. to secure a Motor Vehicle Record (MVR) report of my driving record.

Name: _____

(as it appears on your drivers license)

Date of Birth: _____

Drivers License #: _____

State of Issue: _____

Have you had a license issued in any other state in the last three years? Yes or No

If yes list states _____

Drivers

Signature: _____ Date _____

For completion by supervisor (or designee):

- ☐ Informed driver of requirement to report future license revocation, suspension, accident or restriction immediately.

Type of vehicle to be assigned/drive:

- ☐ Car, Pickup, light truck
- ☐ Commercial Motor Vehicle over 26,000 GVWR

Supervisors Signature _____ Date _____

**PRE-EMPLOYMENT DRUG TEST
CONSENT FORM**

I, _____, hereby give my full consent
(Applicant's Name)

to submit to a drug test in accordance with this employer's Drug & Alcohol Free-Workplace Policy which basically follows the same standards and limits as established by the transportation industry.

I understand that prior to performing any job function for this employer after a conditional offer of employment, I must submit to a drug test and that a urine sample will be collected and tested for controlled substances.

I give my full consent to the release of my drug test results to the authorized Medical Review Officer (MRO) and/or to Midwest Service Corporation (the employer's drug and alcohol-free workplace testing consortium) who will forward those results to the below-named employer.

Oros and Busch Application Technologies, Inc.

(Employer Name)

I agree that if I test positive for use of controlled substances or refuse to test, I will not be further considered for employment with this employer.

Agreed to _____
Date

by _____
Applicant's Signature

Social Security Number

Print Applicant's Name

Home Phone Number

Witness Signature

Date