

DETROIT OXYGEN & MEDICAL EQUIPMENT COMPANY

APPLICATION FOR EMPLOYMENT

24560 Forterra Drive, Warren, Michigan 48089

PERSONAL INFORMATION			
Name:		Date:	
Last	First	Middle	
Address:			
Street	City	State	Zip
Home Telephone Number:		Social Security Number:	
Referred by: <input type="radio"/> Advertisement <input type="radio"/> Employee <input type="radio"/> Walk-In <input type="radio"/> Other			
Name of Source (if applicable)			
Are you legally eligible for employment in this country? <input type="radio"/> Yes <input type="radio"/> No			
<small>(Proof of U.S. Citizenship or immigration status will be required upon employment.)</small>			
If necessary, best time to contact you at home?			a.m. / p.m.
POSITION APPLYING FOR			
Position:			
Type of employment desired? <input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Temporary <input type="radio"/> Educational Co-Op			
Date available for work:		Salary Required:	
Are you currently employed?	Yes	No	
May we contact you at work?	Yes	No	
Work number and best time to call ()			a.m./p.m.
Have you filed an application here before?	Yes	No	If yes, give date / /
Have you ever been employed here before?	Yes	No	From: / / To: / /
Have you ever been bonded?	Yes	No	
Are you able to meet attendance requirements of the position?	Yes	No	
Will you travel if job requires it?	Yes	No	
Have you been convicted of a felony in the last seven (7) years?	Yes	No	
<small>(Such conviction may be relevant if job related, but does not necessarily bar you from employment.)</small>			

If yes, please explain

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. If applying for a HAZMAT position (Delivery Technician), you ***must*** provide 10 years of employment history.

Employer	Telephone	Dates Employed		Summarize job responsibilities
		From	To	
Address				
Position		Hourly Rate/Salary		
		Starting		
Supervisor and Title		\$	Per	
Reason for Leaving		Hourly/salary		
		Final		
May we contact for reference? <input type="radio"/> Yes <input type="radio"/> No		\$	Per	
Employer	Telephone	Dates Employed		Summarize job responsibilities
		From	To	
Address				
Position		Hourly Rate/Salary		
		Starting		
Supervisor and Title		\$	Per	
Reason for Leaving		Hourly/salary		
		Final		
May we contact for reference? <input type="radio"/> Yes <input type="radio"/> No		\$	Per	
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		Final		
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		From	To	
Address				
Position		Hourly Rate/Salary		
		Starting		
Supervisor and Title		\$	Per	
Reason for Leaving		Hourly/Salary		
		Final		
May we contact for reference? <input type="radio"/> Yes <input type="radio"/> No		\$	Per	

EDUCATIONAL BACKGROUND (if job related)

A. List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average and **E.** Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree/ Diploma	D. Grade Point Avg	E. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Minimal Knowledge	Proficient	Fluent

Skills and Qualifications - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

Activities/Hobbies: (Civic, Athletic, etc.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. Military or Naval Service _____ Rank

National Membership in National Guard or Reserves

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	Area Code	
	Area Code	
	Area Code	

List professional, trade, business, or civic associations or any offices held. (Exclude memberships which would reveal sex,

race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards, (exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.) _____

List any additional information you would like us to consider. _____

It is understood and agreed upon that any misrepresentation by me on this application will result in cancellation of this application and/or separation from the service if I have been employed.

I give Detroit Oxygen and/or its designee the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability Detroit Oxygen and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Detroit Oxygen is an Equal Opportunity Employer. Detroit Oxygen does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicants consideration for employment on a basis prohibited by local, state or federal law.

This application will be kept on file for six (6) months. At the end of this period, if I have not heard from Detroit Oxygen and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that an employee's relationship with Detroit Oxygen allows him/her to terminate employment at any time. Likewise, Detroit Oxygen retains the same right to terminate or lay-off an employee at any time, with or without notice, for any reason or for no reason, with or without cause. I understand that no representative of Detroit Oxygen has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date ____/____/____