

OAK HILL TECHNOLOGY, INC. APPLICATION FOR EMPLOYMENT

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out the application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** Be sure to sign when completed. Oak Hill Technology, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must have an original signature. Resumes will not be accepted in lieu of applications.**

Name _____ Social Security No. - -
(Last) (First) (Middle)

MAILING ADDRESS (Current) _____ AC () _____
(Street) (City) (State) (Zip) (Daytime Phone)

List any other names used if different from name given on application: _____

LIST TITLE OF POSITION OR TYPE OF WORK FOR WHICH YOU WISH TO APPLY:

Full Time Part Time Summer Temp Project Date available for work: _____

Are you willing to work hours other than 8-5? Yes No Are you willing to work days other than Monday-Friday? Yes No

Are you willing to travel? Yes No If yes, what percent of time? _____

Driver's License (if required for position.) Class A Class B Class C Class M
 Class A Commercial Class B Commercial
 Class C Commercial Class M Commercial

Are you at least 17 years of age? Yes No

Geographic preference. (Be specific to city/area. If no preference, write "Statewide".): _____

Have you ever been arrested or convicted of a felony? Yes No If the answer is "yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, transcripts, licenses, certifications and registrations.)

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? Yes No Achieve GED? Yes No

School	Name and Location of School	Dates Attended				Sem/Clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
		From Mo	From Yr	To Mo	To Yr		Yes	No			
Undergrad							<input type="checkbox"/>	<input type="checkbox"/>			
Colleges or Universities							<input type="checkbox"/>	<input type="checkbox"/>			
Graduate Schools							<input type="checkbox"/>	<input type="checkbox"/>			
Tech, Voc or Bus Schl							<input type="checkbox"/>	<input type="checkbox"/>			

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., RN, Attorney, C.P.A., etc.)	Date Issued	Issued by (state or other authority)	License Number	Location of Issuing Authority (city and state)

Special Skills/Qualifications: List all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc.

Approximate Words Per Minute in Typing _____ (if required for this position.)

Do you speak a language other than English? (If required for this position) Yes No

If yes, what language(s) do you speak? _____ How fluently? Fair Good Excellent

Have you ever been employed by Oak Hill Technology, Inc. or it's clients? Yes No

If yes, list the dates and positions:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand the OHT, Inc. may check with the applicable law enforcement agencies for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED.

Signature-Applicant

Date

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment for the past 5 years. Begin with your current or last position and work back to your first position.
2. Employment history should include **each position** held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name _____
Last Name
First Name
Middle Name
Social Security Number

Position Title: Employer: Mailing Address: City, State, Zip: Employer's Telephone No: AC ()						Immediate Supervisor Name: Title: Supervisor's Telephone No. AC()			Full-Time	<input type="checkbox"/>
									Part-Time	<input type="checkbox"/>
									Summer	<input type="checkbox"/>
									Tem/Project	<input type="checkbox"/>
Starting Date			Leaving Date			Final Salary \$	Technical Non-Managerial Supervisory/Managerial	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If supervisory, number of employees you supervised	Give average number of hours worked per week if part-time
Mo	Day	Yr	Mo	Day	Yr					
Summary of experience:										
Specific reason for leaving:										
Position Title: Employer: Mailing Address: City, State, Zip: Employer's Telephone No: AC ()						Immediate Supervisor Name: Title: Supervisor's Telephone No. AC()			Full-Time	<input type="checkbox"/>
									Part-Time	<input type="checkbox"/>
									Summer	<input type="checkbox"/>
									Tem/Project	<input type="checkbox"/>
Starting Date			Leaving Date			Final Salary \$	Technical Non-Managerial Supervisory/Managerial	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If supervisory, number of employees you supervised	Give average number of hours worked per week if part-time
Mo	Day	Yr	Mo	Day	Yr					
Summary of experience:										
Specific reason for leaving:										

Position Title:						Immediate Supervisor Name:			Full-Time		<input type="checkbox"/>
Employer:						Title:			Part-Time		<input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No. AC()			Summer		<input type="checkbox"/>
City, State, Zip:									Tem/Project		<input type="checkbox"/>
Employer's Telephone No: AC ()											
Starting Date			Leaving Date			Final Salary	Technical Non-Managerial Supervisory/Managerial	<input type="checkbox"/>	If supervisory, number of employees you supervised	Give average number of hours worked per week if part-time	
Mo	Day	Yr	Mo	Day	Yr						

Summary of experience:

Specific reason for leaving:

Position Title:						Immediate Supervisor Name:			Full-Time		<input type="checkbox"/>
Employer:						Title:			Part-Time		<input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No. AC()			Summer		<input type="checkbox"/>
City, State, Zip:									Tem/Project		<input type="checkbox"/>
Employer's Telephone No: AC ()											
Starting Date			Leaving Date			Final Salary	Technical Non-Managerial Supervisory/Managerial	<input type="checkbox"/>	If supervisory, number of employees you supervised	Give average number of hours worked per week if part-time	
Mo	Day	Yr	Mo	Day	Yr						

Summary of experience:

Specific reason for leaving:

Position Title:						Immediate Supervisor Name:			Full-Time		<input type="checkbox"/>
Employer:						Title:			Part-Time		<input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No. AC()			Summer		<input type="checkbox"/>
City, State, Zip:									Tem/Project		<input type="checkbox"/>
Employer's Telephone No: AC ()											
Starting Date			Leaving Date			Final Salary	Technical Non-Managerial Supervisory/Managerial	<input type="checkbox"/>	If supervisory, number of employees you supervised	Give average number of hours worked per week if part-time	
Mo	Day	Yr	Mo	Day	Yr						

Summary of experience:

Specific reason for leaving: