

Opfer Communications, Inc.

APPLICATION FOR EMPLOYMENT

"AN EQUAL OPPORTUNITY EMPLOYER"

INSTRUCTIONS

All information will be treated confidentially. Please answer all questions as completely as possible. The use of this form does not necessarily indicate that positions are open, nor does it constitute an offer or a contract of employment. Please type, print, or write legibly in ink.

IDENTIFICATION

NAME (LAST, FIRST, MIDDLE)	DATE
PRESENT MAILING ADDRESS	
CITY, STATE, ZIP	HOME PHONE NUMBER () - *
OTHER NAMES IN WHICH EMPLOYMENT OR EDUCATION RECORDS MAY BE FOUND	BUSINESS PHONE NUMBER () - *
PLEASE LIST NAMES AND RELATIONSHIP OF ANY RELATIVES WORKING FOR THE PUBLIC SERVICE COMMISSION	OTHER PHONE NUMBER () - *

POSITION AND AVAILABILITY

TITLE OF POSITION(S) APPLIED FOR	
IF POSITION TITLE IS UNKNOWN, INDICATE AREA(S) OF INTEREST	PAY EXPECTED \$
TYPE OF POSITION(S) FOR WHICH AVAILABLE <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	WHEN ARE YOU AVAILABLE TO BEGIN WORK?
ARE YOU ABLE TO WORK OVERTIME IF NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU WILLING TO TRAVEL, IF NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: A "Yes" answer does not automatically bar you from employment. Each case is considered on its individual merits; however, falsification of this application will result in automatic disqualification.

EDUCATION

HIGH SCHOOL GRADUATE OR GENERAL EDUCATION DEVELOPMENT (GED) TEST PASSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HIGHEST GRADE COMPLETED
SCHOOL	LOCATION

POST HIGH SCHOOL EDUCATION OR TRAINING (attach additional sheets if necessary)

Please attach copy of transcripts.

NAME AND LOCATION	MAJOR/MINOR	DID YOU GRADUATE?	DEGREE OR DIPLOMA	CREDITS EARNED

EMPLOYMENT EXPERIENCE

Please list your work experience, starting with the most recent. Include both full-time and part-time positions.
Attach additional sheets if necessary.

EMPLOYER'S NAME		TELEPHONE () - *	
ADDRESS		DATES OF EMPLOYMENT (Month/Year) From / To	
KIND OF BUSINESS		MONTHLY SALARY \$	HOURS PER WEEK
JOB TITLE AND BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
NAME OF SUPERVISOR		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE () - *
EMPLOYER'S NAME		TELEPHONE () - *	
ADDRESS		DATES OF EMPLOYMENT (Month/Year) From / To /	
KIND OF BUSINESS		MONTHLY SALARY \$	HOURS PER WEEK
JOB TITLE AND BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
NAME OF SUPERVISOR		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE () - *
EMPLOYER'S NAME		TELEPHONE () - *	
ADDRESS		DATES OF EMPLOYMENT (Month/Year) From / To /	
KIND OF BUSINESS		MONTHLY SALARY \$	HOURS PER WEEK
JOB TITLE AND BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
NAME OF SUPERVISOR		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE () - *