## **APPLICATION FOR EMPLOYMENT**

## **OXFORD DEVELOPMENT COMPANY**

Oxford Development Company is an equal opportunity employer. All qualified applicants will receive consideration for employment and will not be discriminated against on the basis of disability or their protected Veteran status.

Interviewed by:	
Date of Interview:	
Hired by:	
Position hired for:	
Rate of Pay:	
Start Date:	

PERSONAL				
Last Name	First	Middle	Date	
Street Address			Home Phone	
			( )	
City, State, Zip Code				
Position Applying For				
Have you ever applied for emp	ployment with Oxford Develo	pment Company?		
□ Yes □ No				
How were you referred to Oxford Development Company?				
Have you ever worked for Oxford Development Company or its affiliate companies?  ☐ Yes ☐ No				
If yes, Dates	Location _			
Supervisor				
Are you applying for ☐ Full-time ☐ Part-time				
Are you legally eligible for employment in the United States?				
□ Yes □ No				
Are you of legal age to work?  ☐ Yes ☐ No				
When will you be available to begin to work?				

EDUCATION			
SCHOOL	NAME/LOCATION OF SCHOOL	Please circle Years completed	WHAT DEGREE, IF ANY?
GRADUATE		1 2 3 4	
COLLEGE		1 2 3 4	
BUSINESS/TRADE TECHNICAL		1 2 3 4	
HIGH SCHOOL		1 2 3 4	

1	2		3
	EMPLOYMENT	Please give acco	urate, complete full-time and part time employment record. oresent or most recent employer.
1	Company Name		Telephone ( )
	Address		Employed-(State month and year) From To
	Name of Supervisor		Weekly pay Start Last
·	State Job Title and Describe Your Work		Reason for Leaving
	Company Name		Telephone ( )
2	Address		Employed-(State month and year) From To
	Name of Supervisor		Weekly pay Start Last
	State Job Title and Describe Your Work		Reason for Leaving
	Company Name		Telephone ( )
3	Address		Employed-(State month and year) From To
	Name of Supervisor		Weekly pay Start Last
	State Job Title and Describe Your Work		Reason for Leaving

 $^{\star}$ IF YOU HAVE RELEVANT LICENSES, CERTIFICATIONS OR MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS, PLEASE FEEL FREE TO LIST THEM BELOW:

	Company Name		Telephone ( )	
	Address			Employed-(State month and year) From To
4	Name of Supervisor			Weekly pay Start Last
·	State Job Title and Describe Your Work			Reason for Leaving
	Company Name		Telephone ( )	
	Address		Employed-(State month and year) From To	
5	Name of Supervisor			Weekly pay Start Last
	State Job Title and Describe Your Work			Reason for Leaving
			DO	NOT CONTACT
We may contact the employers listed above unless you indicate those you do not want us to contact.  Employer Number(s)		Reason		
State whether you have ever been involuntarily terminated or suspended from any previous employment and describe the circumstances.				
		1	·	
MILITARY  Did you serve in the U.S. Armed Forces? □ Yes □ No		If "Yes, " in what Branch?		
Describe any training received relevant to the position for which you are applying.				

Signature

Date