

**INSTRUCTIONS:**

- 1) Download this application form
- 2) Print
- 3) Complete application form
- 4) Scan or take photo of application form
- 5) Email application form as an attachment to:  
[jobs@obmfg.com](mailto:jobs@obmfg.com)



Your application is received by someone who will personally review and respond. While we pride ourselves in advanced technology, we also value the personal connection.

Questions? Email us at [jobs@obmfg.com](mailto:jobs@obmfg.com).

## OUT OF THE BOX MANUFACTURING APPLICATION FOR EMPLOYMENT

Out of the Box Manufacturing is an equal opportunity employer and does not discriminate against qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status or sexual orientation.

<b>PERSONAL INFORMATION:</b>				<b>DATE:</b>	
NAME	LAST	FIRST	MIDDLE		
ADDRESS	NUMBER & STREET	CITY	STATE	ZIP CODE	
<b>Position Sought:</b>					
<b>Date Available:</b>		<b>Salary Desired:</b>		<b>Phone Number:</b>	
<b>Social Security Number:</b>		<b>Are you over 18 years old?</b>		___ Yes ___ No	
<b>Are you legally eligible for employment in the United States?</b> ___ Yes ___ No (If offered employment, you will be required to provide documentation to verify eligibility)					

<b>EDUCATION:</b> Please indicate education or training which you believe qualifies you for the position you are seeking.				
SCHOOL NAME	CITY	STATE	GRADUATED (YES/NO)	COMPLETED YEAR
High School				
College and/or Vocational School				
College and/or Vocational School				
Other				

<b>RECORD OF CONVICTION:</b>
During the last ten years, have you ever been convicted of a crime other than minor traffic offense? ___ Yes ___ No
If yes, explain: (A conviction will not necessarily automatically disqualify you for employment)

**EMPLOYMENT: List last employer first, including U.S. Military Service.**May we contact your past or present employer?        ☐ Yes        ☐ No

If any employment was under a different name, indicate name:

Employer:	Address:	Dates of Employment:
Telephone:	Position:	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> No. of Hrs.
Salary:	Supervisor:	Department:

Duties:

Reason for Leaving:

Employer:	Address:	Dates of Employment:
Telephone:	Position:	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> No. of Hrs.
Salary:	Supervisor:	Department:

Duties:

Reason for Leaving:

Employer:	Address:	Dates of Employment:
Telephone:	Position:	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> No. of Hrs.
Salary:	Supervisor:	Department:

Duties:

Reason for Leaving:

Have you ever been discharged or asked to resign from a job?        ☐ Yes        ☐ No

If yes, explain:

### **APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Out of the Box Manufacturing to verify their accuracy and to obtain reference information on my work performance. I hereby release Out of the Box Manufacturing from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Company. However, I further understand that either the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and 'at will' and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_