

Application For Employment



We are an Equal Opportunity Employer and are committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

First Name		Last Name		
Address		City	State	Zip
Phone Number	Are you 18 years or older?	Email Address		
Are you a U.S. citizen? Yes No		Have you ever been convicted of a felony? If Yes, please explain: Yes No		
Were you referred by a current OCP employee? If yes, whom? Yes No				Resume Attached

Position

Position you are applying for		Available Start Date	How did you hear about us?
Employment Desired:	Full Time Part Time	Have you ever been previously employed by OCP? If yes, when:	

Education

School Name	Location	Dates	Major	Degree Received? Y/N

References

Name	Title	Company	Phone

Employment History

Employer (1)		Job Title	Dates Employed
Work Phone		Duties, Tasks:	
City	State		
Employer (2)		Job Title	Dates Employed
Work Phone		Duties, Tasks:	
City	State		
Employer (3)		Job Title	Dates Employed
Work Phone		Duties, Tasks:	
City	State		

Describe in detail any specialized training, computer or equipment skills, certifications, licenses or on-the-job training programs you have completed:

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	



APPLICANT'S STATEMENT and CONDITIONS OF EMPLOYMENT
(Please read carefully before signing.)

"I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination, drug screen and background screening program in place."

"I agree, as a condition of my employment, to submit to a medical examination, blood test, or urinalysis test if requested and paid for by the company. I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere, I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me."

"In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right."

"I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of this Company. I also understand that Oliver Carbide Products retains the right to amend, modify, add or delete any or all policies or procedures at its sole and absolute discretion."

"During my employment with Oliver Carbide Products and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving Oliver Carbide Products in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Oliver Carbide Products or unless a representative or attorney of Oliver Carbide Products is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions."

This application is valid for sixty days from the application date unless renewed in person or in writing.

SIGNATURE OF APPLICANT: _____ **DATE:** _____



Drug and Alcohol Free Workplace
Acknowledgment
Consent and Release

I have read and understand the Drug and Alcohol Free Workplace policy of Oliver Carbide Products.

Specifically, I understand and agree to undergo substance (drug and alcohol) screening of my urine, breath or hair if:

1. Observed alcohol or drug abuse during work hours on company premises.
2. Apparent physical state of impairment.
3. Incoherent mental state.
4. Marked changes in personal behavior that is otherwise unexplainable.
5. Deteriorating work performance that is not attributed to other factors.
6. Accidents or other actions that provide reasonable cause to believe the employee may be under the influence.
7. Or as required by any government programs such as the US Department of Transportation.

I shall be subject to further substance screening and/or face disciplinary action, up to and/or including termination of employment.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Oliver Carbide Products for drug and or alcohol testing program purposes to both conduct such screening and provide the results to Oliver Carbide Products, and I release Oliver Carbide Products or any person affiliated with Oliver Carbide Products and any such person or institution from liability therefore.

Employee Name

Date

Employee Signature

Company Representative

Date