

36695 Highway 385, Wray, CO 80758 info@ownresources.com

## APPLICATION FOR EMPLOYMENT

Please complete all requested information.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application. Position(s) Applied For Date PERSONAL INFORMATION Name Phone\_ Address State/Zip \_\_\_\_ City \_\_\_\_\_ Message Phone E-mail GENERAL INFORMATION Type of employment desired: ☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal Available for: ☐ Weekends ☐ Holidays ☐ Rotating Shifts ☐ On-Call On what date would you be available to work? Are you over 18 years of age?  $\square$  Yes  $\square$  No If **no**, please list your age. Do you have any relatives employed by this facility?  $\square$  Yes  $\square$  No  $\square$  If yes, name of relative. Are you legally eligible for employment in the United States?  $\Box$  Yes  $\Box$  No During the last ten years, have you ever been convicted of a crime other than a minor traffic offense? If yes, please explain:\_\_\_\_\_ A "yes" answer will not automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness

OWN RESOURCES OPERATING, LLC IS AN EQUAL OPPORTUNITY EMPLOYER.
WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN,
MARITAL STATUS, MILITARY STATUS, OR DISABILITY.

and nature of the crime, and rehabilitation will be considered.

## **EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	CIRCLE LAST GRADE/YEAR COMPLETED	MAJOR & DEGREE
High School			10 11 12	
College			1 2 3 4	
College			1 2 3 4	
College			1 2 3 4	
Business or Trade School			1 2 3 4	
Business or Trade School			1 2 3 4	

## **ADDITIONAL INFORMATION**

	Summarize any training, skills, a related functions in the position nent operated.	•	
United States Military Train	ing. Summarize any job-related	d training you received in the L	Inited States military.
Professional Licenses and	or Certifications.		
If licensed, registered or certi	fied, list:		
Type:	State Issued:	Date Issued:	No.:
Type:	State Issued:	Date Issued:	No.:

## **EMPLOYMENT HISTORY**

COMPANY Name	Address		, , ,
Job Description (duties, skills, equipment used)			
Dates of employment: Start/ End	d//	Starting Salary	Ending Salary
Reason for leaving			
Person to Contact		Phone Number	
COMPANY Name	Address		
Job Description (duties, skills, equipment used)			
Dates of employment: Start/ End Reason for leaving			Ending Salary
Person to Contact			
COMPANY Name	Address		
Job Description (duties, skills, equipment used)			
Dates of employment: Start/ End			Ending Salary
Reason for leaving			
Person to Contact  COMPANY Name	Address	Pnone Number	
Job Description (duties, skills, equipment used)			
Dates of employment: Start/ End	d//_	Starting Salary	Ending Salary
Reason for leaving Person to Contact		Phone Number	

If you need additional space, please continue on a separate sheet of paper.

If you do not want us to contact any of the above listed current or former employers, please list below and state the reason you do not want each contacted.				
REFERENCES				
Professional References	: Give three references who are not relatives or form	ner employers.		
Name	Address	Phone Number		
APPLICANT STATE	MENT			
(ORO) is true, complete ar	I have provided in order to apply for and secure work nd correct. If any information provided by me is found ifficient cause to cancel further consideration of this a ver it is discovered.	d to be false, incomplete or misrepresented		
employers, public agencies information regarding me in have regarding ORO or its	and its agents, without reservation, to contact and oles, licensing authorities, and educational institutions are this application, resume or job interview. I hereby we agents for seeking, gathering and using such information about or organizations for furnishing such information about	nd to otherwise verify the accuracy of all waive any and all rights and claims I may ation in the employment process and all		
	es not unlawfully discriminate in employment, and no sing any applicant from consideration for employmen			
I certify that I have read, fu	ully understand and accept all terms of the foregoing	Application Statement.		
Date://	Signature			

Own Resources Operating, LLC is an Equal Opportunity Employer.