

# O.I. CORPORATION

## OI Analytical

P.O. Box 9010 • College Station, TX 77842-9010  
Tel: (979) 690-1711 • FAX: (979) 690-0440

## CMS Field Products

2148 Pelham Parkway, Building 400 • Pelham, AL 35124  
Tel: (205) 733-6900 • FAX: (205) 733-6919

# Employment Application

O.I. Corporation's policy provides equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, disability, marital status, veteran status, or any other status or condition protected by applicable federal, state, or local law.

**For employment consideration answer completely and accurately. Do not reference resume.**

Social security no.: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(last) (first) (middle)

Maiden name or other name used within the past seven years. List year when name changed. \_\_\_\_\_

Phone no.: \_\_\_\_\_ Other phone no.: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (apt. no.)  
\_\_\_\_\_  
(city) (state) (zip)

List any additional addresses for the past seven years (use last page of application if necessary).

Previous address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Have you ever applied for employment at O.I. Corporation?  Yes  No

Have you worked at O.I. Corporation before?  Yes  No When: \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?  Yes  No

Are under 18 years of age?  Yes  No

List names and relationships of any relatives or immediate family members presently working at O.I. Corporation. \_\_\_\_\_

List acquaintances working at O.I. Corporation. \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying?  Yes  No

If not, list any accommodations O.I. Corporation can make which will permit you to perform all such functions.

A current, valid driver's license is required for any position in which you may be operating a company vehicle (e.g., sales, service, etc.). If relevant to the position for which you are applying, your driver's license record will be checked after an offer has been extended.

Driver's license no.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

## Type of Work Desired

Position(s) for which you are applying: \_\_\_\_\_ Salary requirements: \_\_\_\_\_

How did you learn of this opening?  Newspaper  Agency  O.I. website  Friend/relative \_\_\_\_\_  Other \_\_\_\_\_

Are there any hours, shifts, or days you cannot or will not work? \_\_\_\_\_

Preferred employment:  Part-time  Full-time Are you willing to work overtime as required?  Yes  No

What experience, skills, or qualifications would especially qualify you for work with O.I. Corporation?

Software knowledge: \_\_\_\_\_

List language skills or capabilities: \_\_\_\_\_

## Education and Training (Dates are for verification purposes only)

Education	Graduated? Yes/No	Diploma/ degree	Major	Dates attended From/To	School name, city, state
High school					
College					
College					
Graduate school					
Other					

Indicate the full name(s) under which your academic record was established \_\_\_\_\_

List scholastic honors: \_\_\_\_\_

Military record: Highest rank: \_\_\_\_\_ Branch of service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

## Work Experience

List employment history. Start with your most recent employment. Include self-employment, U.S. military, and voluntary experience. Complete this section in full even if submitting a resume.

<b>Current/most recent employer:</b>				Phone: (    )	
Address:		City:		State:                      Zip code:	
Employed from (mo./yr.):		To (mo./yr.):		Starting salary (\$):                      Ending salary (\$):	
Title:			Supervisor:		
Job duties:					
Reason for leaving:					
<b>Previous employer:</b>				Phone: (    )	
Address:		City:		State:                      Zip code:	
Employed from (mo./yr.):		To (mo./yr.):		Starting salary (\$):                      Ending salary (\$):	
Title:			Supervisor:		
Job duties:					
Reason for leaving:					
<b>Previous employer:</b>				Phone: (    )	
Address:		City:		State:                      Zip code:	
Employed from (mo./yr.):		To (mo./yr.):		Starting salary (\$):                      Ending salary (\$):	
Title:			Supervisor:		
Job duties:					
Reason for leaving:					

List three professional references.

Name	Position	Company	Address	Phone (incl. area code)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List current memberships in professional organizations (you may exclude organizations that by their name or character indicate age, race, color, religion, creed, sex, national origin, physical or mental disability, or marital status).

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List any professional licenses and certifications. Indicate location and date of each.

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List any patents.

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List any publications.

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List any supplemental information that can aid in evaluating your professional qualifications.

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## Security Information

Have you ever been convicted of a felony (do not include convictions that have been judicially sealed, expunged, or statutorily eradicated)?

Yes  No

If yes, explain and state the dates of the felony convictions and the courts of conviction. \_\_\_\_\_

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A conviction does not necessarily automatically disqualify you for employment. Rather, such factors as date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

## Certification and Agreement

### Read the following statements carefully before signing this form.

I consent to O.I. Corporation seeking and obtaining job-related information concerning my previous employment. I give consent to my previous/current employer(s) and release them from all liability in connection with their providing to O.I. Corporation job-related information concerning my employment.

I consent to O.I. Corporation seeking and obtaining any criminal record, in accord with this state's law, and I give consent to the appropriate authorities to provide such information to O.I. Corporation. I understand a conviction record will not necessarily be a bar to employment but will be considered in relation to the position sought, and factors such as date of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

I authorize release of my academic record(s) from the schools, colleges, and universities listed previously in this application to O.I. Corporation.

I authorize and request any division of motor vehicles to release information regarding my driving record so that my employment qualifications may be evaluated. I hereby release any said person, companies, or law enforcement authorities from all liability in connection with their providing to O.I. Corporation any information about my driving record.

I understand any offer of employment made to me by O.I. Corporation is contingent on my successfully completing a pre-employment physical and drug screening. I fully release O.I. Corporation, its employees, and agents, from all liability in connection with such testing and any decision by O.I. Corporation concerning my application.

I understand any offer of employment is contingent on my ability to provide the documentation required by the Immigration Reform and Control Act of 1986 to substantiate that I am legally authorized to work in the United States.

If hired, I agree to abide by all of O.I. Corporation's rules and regulations, and if employed, I understand employment at O.I. Corporation is "at will," which means either I or O.I. Corporation can terminate the employment relationship at any time, with or without notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand while personnel policies, programs, and procedures may exist and be changed from time to time, the only time my "at will" status could be changed is if I were to enter into an express written contract with O.I. Corporation explicitly promising me job security, containing the words "This is an express contract of employment" and signed by the president of O.I. Corporation. The above language contains our entire agreement about my "at will" status and no oral or side agreements of any kind exist. I understand no supervisor, manager, or executive of O.I. Corporation, other than the president, has any authority to alter the foregoing.

My signature below indicates I have read, understood, and consented to the above statements, and I have made true, correct, and complete answers and statements on this application and any supplements to it, in the knowledge that they will be relied upon in considering my application for employment.

I also understand if I omit, misrepresent, or provide false answers or statements on this application or any supplements to it, I may not be considered for employment and, if I am subsequently employed, be subject to immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application will only be considered for three months. If you have not been hired within three months of filling out this application and you wish to continue to be considered for employment, you must fill out another application.



## O.I. Corporation Voluntary Disclosure Form

O.I. Corporation is an Equal Opportunity/Affirmative action employer. The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines that require us to compile statistical information about applicants for employment. You are not required to furnish this information, but you are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this employer is required to note race and sex on the basis of visual observation. This Voluntary Disclosure Form will be kept in a confidential file separate from the Employment Application.

Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

I wish to furnish this information                       I do not wish to furnish the information.

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Gender (check the appropriate box.)                       Male                       Female

### **Ethnic Category** (Check the appropriate box.)

- American Indian or Alaska Native-All persons having origins in any of the original peoples of North America or South America (including Central America), and who maintain cultural identification through tribal affiliations or community recognition.
- Asian (Not Hispanic or Latino)-All persons having origins in any of the peoples of the Far East, Southeast Asia or Indian Subcontinent. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa Cambodia, India, Malaysia, Pakistan, Thailand and Vietnam.
- Black or African American (Not of Hispanic or Latino origin)-All persons having origins in any of the black racial groups of Africa.
- Hispanic or Latino (All races)-All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White (Not of Hispanic or Latino origin)-All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Native Hawaiian or other Pacific Islander-All persons having origin in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islander.
- Two or More Races (not Hispanic or Latino)-All persons who identify with more than one of the above races.

### **Military Service Category** (Check all that apply):

- Vietnam-Era/Veteran Eligibility-Served in armed forces between August 5, 1964 and May 7, 1975
- Other Veteran-Includes those who served in a "war" and those who served in a campaign or on an expedition for which a campaign has been awarded.
- Disabled Veteran Eligibility-A veteran with a service connected disability.
- Armed Forces Service Medal Veteran-A veteran who participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- Campaign Veteran (Recently Separated Veteran)-A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military.

### **Check if Other Category applies:**

- Disabled Individual-Any persons who (1) has a physical or mental impairment that substantially limits one or more of his or her major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment. A disability "substantially limiting" if it is likely to cause difficulty in securing, retaining, or advancing in employment.