



**EDUCATION AND HISTORY**

<b>Name</b>	<b>Location and Telephone</b>	<b>Course</b>	<b>Graduate</b>	<b>Degree</b>
Elementary			Yes or No	
High School/GED				
College				
Post Graduate				

**WORK EXPERIENCE (MOST RECENT)**

Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
Description of Duties		

**NEXT PREVIOUS EMPLOYER**

Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
Description of Duties		

**NEXT PREVIOUS EMPLOYER**

Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
Description of Duties		

<b>BUSINESS REFERENCES</b>			
Name	Company	Address	Telephone Number
Name	Company	Address	Telephone Number
Name	Company	Address	Telephone Number
Name	Company	Address	Telephone Number

**READ CAREFULLY BEFORE SIGNING BELOW**

*(Signature required in order to be considered for employment.)*

1. I understand that Orion Management Solutions will consider any requests for accommodations of physical or mental disabilities by an otherwise qualified person at any time before or after employment begins. I understand that the company would appreciate as much advance notice as possible regarding request for accommodation, and that documentation of the need for accommodation might be required.
2. I understand that I may be required to submit to assessment(s) as a condition of my employment. Satisfactory completion of these assessments is required.
3. I understand that a background check may be performed as a condition of employment. I authorize Orion Management Solutions and or its agents to thoroughly request, receive and verify all statements and information contained in my application or resume. I release Orion Management Solutions from all liability for any damages that may result from doing so. I authorize any persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damages that may result from furnishing such information to Orion Management Solutions.
4. I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.
5. I certify that the information provided by me in this application (and accompanying resume, if any) is true and complete. I understand that any misstatement, falsification, omission or misrepresentation on this application or in any interview is grounds for refusal to hire, or if I am hired and the same is discovered thereafter, I will be separated. I understand that all information provided by me on this application or in any interview is subject to verification.
6. I acknowledge that if I am employed by the company, my employment will be at-will, that I will be required to follow all rules and regulations of the company and that my employment may be terminated with or without cause, with or without notice, at the option of myself or the company. No one other than the President has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed.
7. I certify that I have read or have had read to me, items 1, 2, 3, 4, 5 and 6 above. I understand the contents and hereby acknowledge receipt and understanding of this information. Further, I confirm that I desire to be considered for employment under these conditions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date