

OUTDOOR SYSTEMS MANAGEMENT, LLC

16624 N. 32nd Street
Phoenix, AZ 85032
480.283.5319
info@osmaz.com

JOB APPLICATION

Today's Date: _____

Outdoor Systems Management, LLC (OSM) is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration or employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Employment Position

Position applying for: _____

*What days are you available to work?
If needed, are you available for overtime?* _____

*On what date can you start work?
Do you have reliable transportation to and from work?* _____

Salary desired: _____

Personal Information

Have you ever applied for a position at OSM before: Yes No
If yes, when: _____

Do you have any friends, relatives or acquaintances currently working for OSM? Yes No
If yes, state their name and their relationship to you: _____

Are you 18 years of age or older? Yes No

Are you a U. S. Citizen or approved to work in the United States? Yes No

Will you consent to drug testing? Yes No

Do you have any condition that would require special accommodations: Yes No

If yes, please describe below:

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position you are applying for:

(Note: Outdoor Systems Management, LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military

Are you a member of the Armed Services?

Yes

No

If yes, what branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for Leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for Leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for Leaving:

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

AT-WILL EMPLOYMENT

The relationship between you and the Outdoor Systems Management, LLC is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Outdoor Systems Management, LLC. No representative of Outdoor Systems Management, LLC has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____ Date: _____