



Name of School	Location

Years Completed	Degree/Major

Diploma obtained?  Yes  No

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Diploma obtained?  Yes  No

### MILITARY SERVICE

Have you ever served in the U.S. military?  Yes  No

*NOTE: If you answered "no" to the above question, please skip the rest of this section.*

What was the length of your military service? \_\_\_\_\_ years, \_\_\_\_\_ months

What was your rank at time of discharge?

What type of training and work experience did you receive while in the military?

Describe how you most benefited from being in the service:

Describe how you least benefited from being in the service:

### EMPLOYMENT HISTORY

Employer	Supervisor

Address	Phone

Position Title and Duties

Starting Date	Ending Date	Starting Pay	Ending Pay

Why did you leave this job?

May we contact this employer?  Yes  No  Later

Employer	Supervisor
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Address	Phone
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Position Title and Duties
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Starting Date	Ending Date	Starting Pay	Ending Pay
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Why did you leave this job?

May we contact this employer?  Yes  No  Later

Employer	Supervisor
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Address	Phone
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Position Title and Duties
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Starting Date	Ending Date	Starting Pay	Ending Pay
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Why did you leave this job?

May we contact this employer?  Yes  No  Later

### REFERENCES

Name	Phone Number	Years Known

## APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from Orion Labels, LLC. If I become employed by Orion Labels, LLC, I agree to follow all rules and regulations of Orion Labels, LLC as they develop and change.

I allow Orion Labels, LLC to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize Orion Labels, LLC to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to Orion Labels, LLC, and release them of liabilities and damages of all kinds for providing this information. I authorize Orion Labels, LLC to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to Orion Labels, LLC for education verification purposes.

I release from liability for collecting information about me and using it to make employment decisions.

If I become employed by Orion Labels, LLC, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the CEO of Orion Labels, LLC.

I agree that if I become indebted to Orion Labels, LLC, I will be responsible for repaying the total owed upon termination from Orion Labels, LLC. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Signature of Applicant

Date

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