

Optimal Hearing Systems, Inc.

Confidential Career History Form

This information will not be the only basis for hiring decisions. You are not required to furnish any information that is prohibited by federal, state or local law.

Last name	First	Middle	Social security number	
Home address	City	State	Zip code	Area code + telephone no. ()
Business address	City	State	Zip code	Area code + telephone no. ()
Email:	Cell:			Date:

Position applied for _____ Earnings expected \$ _____

I. BUSINESS EXPERIENCE: (Please start with your present or most recent position)

A. Firm _____ Address _____
 City _____ State _____ Zip _____ Phone () _____
 Kind of business _____ Employed from _____ To _____

(show months as well as years)

Base \$ _____

Bonus \$ _____

Other \$ _____

Title _____ Initial compensation \$ _____ Final total compensation \$ _____

Supervisory responsibility _____ Name & title of immediate supervisor _____

What (do)(did) you like most about your job? _____

What (do)(did) you least enjoy? _____

Reasons for leaving or desiring to change _____

B. Firm _____ Address _____
 City _____ State _____ Zip _____ Phone () _____
 Kind of business _____ Employed from _____ To _____

(show months as well as years)

Base \$ _____

Bonus \$ _____

Other \$ _____

Title _____ Initial compensation \$ _____ Final total compensation \$ _____

Supervisory responsibility _____ Name & title of immediate supervisor _____
 What did you like most about your job? _____
 What did you least enjoy? _____
 Reasons for leaving _____

C. Firm _____ Address _____
 City _____ State _____ Zip _____ Phone () _____
 Kind of business _____ Employed from _____ To _____
 (show months as well as years)

Base \$ _____
 Bonus \$ _____
 Title _____ Initial compensation \$ _____ Final total compensation \$ _____ Other \$ _____

Supervisory responsibility _____ Name & title of immediate supervisor _____
 What did you like most about your job? _____
 What did you least enjoy? _____
 Reasons for leaving _____

Other Positions held:

	a. Company b. City	a. Your title b. Name of supervisor	Date (mo/yr)		Compensation		a. Type of work b. Reason for leaving
			a. Began	b. Left	a. Initial	B. Final	
D. a.	_____	_____	_____	_____	\$ _____	_____	_____
b.	_____	_____	_____	_____	\$ _____	_____	_____
E. a.	_____	_____	_____	_____	\$ _____	_____	_____
b.	_____	_____	_____	_____	\$ _____	_____	_____
F. a.	_____	_____	_____	_____	\$ _____	_____	_____
b.	_____	_____	_____	_____	\$ _____	_____	_____
G. a.	_____	_____	_____	_____	\$ _____	_____	_____
b.	_____	_____	_____	_____	\$ _____	_____	_____

Indicate by letter _____ any of the above employers you do not wish contacted.

II. MILITARY EXPERIENCE:

If in service, indicate branch _____ Date (mo/yr) entered _____ Date (mo/yr) discharged _____
 Nature of duties _____
 Highest rank or grade _____ Terminal rank or grade _____

III. EDUCATION:

High School 1 2 3 4 College/Graduate School 1 2 3 4 5 6 7 8 (Circle highest grade completed)

A. High School Name of High School _____ Location _____
 Approximate number in graduating class _____ Rank from the top _____
 Final grade point average _____ (A = _____)

Extracurricular activities _____

Offices, honors/awards _____

Part-time and summer work _____

College/Graduate School

Name and location	Dates		Degree	Major	Grade point average	Total credit hours	Extracurricular activities, honors and awards
	From	To					
					(A=)		
					(A=)		
					(A=)		

What undergraduate courses did you like most? Why? _____

What undergraduate courses did you like least? Why? _____

How was your education financed? _____

Part-time and summer work _____

Other courses, seminars, or studies _____

IV. ACTIVITIES:

Membership in professional or job-relevant organizations (You may exclude groups that indicate race, color, religion, national origin, disability, or other protected status.) _____

Publications, patents, inventions, professional licenses, or additional special honors or awards _____

What qualifications, abilities, and strong points will help you succeed in this job? _____

What are your weak points and areas for improvement? _____

V. CAREER NEEDS:

Willing to relocate? Yes ___ No ___ If no, explain _____

Amount of overnight travel acceptable _____

What are your career objectives? _____

VI. OTHER:

Do you have the legal right to work for any employer in the United States? Yes ___ No ___

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes ___ No ___

If so, explain _____

I certify that answers given in this Topgrading Career History Form are true, accurate and complete to the best of my knowledge. I authorize investigation into all statements I have made on this Form as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my Career History Form or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature

Date

COMMUNICATION IS CRUCIAL TO SUCCESS. AS SUCH IT IS IMPORTANT THAT OUR CANDIDATES HAVE CLEAR AND CONCISE WRITING SKILLS. WE ASK THAT EVERY CANDIDATE HANDWRITE A BRIEF RESPONSE TO THIS QUESTION:

WHY ARE YOU CONSIDERING LEAVING YOUR CURRENT POSITION?