

ORPHEUS GROUP APPLICATION FOR EMPLOYMENT



The Orpheus Group is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, post-life status, or any other basis prohibited by federal, state, or provincial law.

Please complete entire application, and attach medical and psychiatric history forms to ensure processing.

PERSONAL INFORMATION (Please print)

Name Last First Middle Social Security Number Date (M/D/Y)

Other names you are known by Are you less than 18 years of age? Yes__ No__

Are you legally eligible for employment in the U.S.? Yes__ No__ Have you been convicted of a felony in the last (7) years? Yes__ No__
If Yes, list convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you for employment.

Present Address Street City State/Province Zip Code

Permanent Address Street City State/Province Zip Code

Phone Number Daytime Evening Referred By

EMPLOYMENT DESIRED

(If you are applying for an hourly position, please keep in mind availability of hours may vary.)

Position Location/Department Salary Desired Date You Can Start

Are you able to work overtime?

Have you ever applied to work with the Orpheus Group? Yes__ No__ If yes, when?

Do you have any military experience? If yes, which branch?

Rank Discharge Date Discharge status

EDUCATION

	Name of School	Years Completed	Did You Graduate?	Subjects Studied and Degrees Received
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade, Business or Correspondence School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List skills relevant to the position applied for

List certifications/permits you may hold relevant to the position applied for

These include but are not limited to: Concealed Carry Permit, Class A, B or C Commercial Licenses, Chauffeur's License, Private Investigator's License

The following questions are for classification purposes. Please answer as honestly and fully as possible.

Describe in detail your beliefs regarding Post Life Entities (ghosts and spirits) and the existence/nonexistence of an afterlife.

Do you believe in any of the following: Check as many as apply.

UFOs	
Astral Projection	
Mental Telepathy	
ESP	
Clairvoyance	
Pyrokinesis	

Spirit Photography	
Telekinetic Movement	
Full Trance Mediums	
The Loch Ness Monster	
The Theory of Atlantis	
Precognition	

Have you or anyone in your immediate family been diagnosed with schizophrenia or determined to be mentally incompetent? Yes__ No__
If yes, please list the diagnosis and person's relation to you. Answering yes cannot disqualify you for employment.

Are you now, or have you ever been under the influence of any hallucinogenic drugs? Yes__ No__
If yes, list the drugs and most recent date of use. The use of hallucinogenic drugs will not necessarily disqualify you for employment.

Do you have any phobias? Yes__ No__
If yes, briefly list the phobia and any treatment you are undergoing or have undergone. Answering yes will not necessarily disqualify you for employment.

Have you had a NDE (Near Death Experience)? Yes__ No__

Describe the NDE(s) in detail.

Date of most recent NDE _____

FORMER EMPLOYERS

Below, list your current employer (if applicable) and your last three employers, starting with the most recent first. Please include any non-paid/volunteer experience that is related to the job for which you are applying. Please complete this section even if you attach a resume.

From	Current Employer	Salary or Hourly	Position	Reason for Leaving
To				
Duties Performed			Supervisor's Name	

From	Previous Employer	Salary or Hourly	Position	Reason for Leaving
To				
Duties Performed			Supervisor's Name	

From	Previous Employer	Salary or Hourly	Position	Reason for Leaving
To				
Duties Performed			Supervisor's Name	

From	Previous Employer	Salary or Hourly	Position	Reason for Leaving
To				
Duties Performed			Supervisor's Name	

REFERENCES

Below, give the names of three professional or personal references.

Name	Phone Number E-mail Address	Business	Years Acquainted How do you know this person?

I hereby authorize the Orpheus Group to thoroughly investigate my background, references, employment record, medical history, and other matters related to my suitability for employment. I authorize persons, schools, my current employers (if applicable), previous employers, mortuary establishments, and organizations contacted by the Orpheus Group to provide any relevant information regarding my current and/or previous employment and medical history. I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality, non-compete, and/or medical waiver agreement, should I become an employee of the Orpheus Group. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate the Orpheus Group to hire me.

Date _____ Signature _____