



ORPHEUS GROUP EMPLOYMENT APPLICATION

Please have medical history and a physician signed drug test attached to application upon returning it to Orpheus Group.

Last Name: _____ **First Name:** _____ **M.I.:** _____

Address: _____ **City/Providence:** _____ **State:** _____

Telephone Number: (____) _____ - _____ **Social Security Number:** _____ - _____ - _____ **Sex:** M F

The following questions are to determine if you are qualified for employment with Orpheus Group. Please answer all questions honestly and to the best of your knowledge.

Have you ever applied with Orpheus Group before? ___ Yes ___ No **If yes, when?** ___/___/_____

Do you have any military experience? ___ Yes ___ No **Branch:** _____

Discharge Date: ___/___/_____ **Rank:** _____ **Honorary Discharge?** ___ Yes ___ No

Are you now, or have you ever been under the influence of hallucinogenic drugs? ___ Yes ___ No

If yes, what kind of drug? _____

When was the last time you were under the influence of hallucinogenic drugs? ___/___/_____

Describe in detail, your Near Death Experience (NDE):

Date of NDE: ___/___/_____

Describe your feelings and beliefs on Post Life Entities (ghosts and spirits): _____

Thank you for applying with Orpheus Group. Once we process your application, a thorough and complete background check will be done. If you are qualified for employed by Orpheus Group, you will be contacted by an Orpheus Group representative and given a date to appear at your local Orpheus Group branch for employment orientation. Please sign and date the line below to complete your application and verify that it is you that has filled out the application.

Signature _____ **Date** _____