



OMC Caretaker Application

Name _____
Address _____

Phone number _____
Email _____

Education
High School _____

College: _____

Job History

Employer

From _____ To _____
Name of Supervisor _____
Phone Number _____
Reason for Leaving _____

Employer

From _____ To _____
Name of Supervisor _____
Phone Number _____
Reason for Leaving _____

Employer

From _____ To _____
Name of Supervisor _____
Phone Number _____
Reason for Leaving _____

Why do you wish to become caretaker at OMC?

Please describe any relevant work experience.

Please list vehicles to be parked on OMC Grounds.

Do you consent to a background check as a condition of approval? _____

Please list three personal references.

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Please apply in person at the OMC Board Meeting held the first Thursday of each month at 6 pm at Idaho Pizza Company in Meridian.
405 E Fairview Ave, Meridian, ID 83642

Signature: _____

Date: _____

OMC Board Member Notes: