

# APPLICATION FOR EMPLOYMENT



An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Position(s) applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Mailing Address City State Zip

Telephone Number \_\_\_\_\_ Mobile Phone \_\_\_\_\_ E-Mail address \_\_\_\_\_

Referral Source (How did you hear about CMM)? \_\_\_\_\_

Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.)  Yes  No

Were you ever employed here?  Yes  No If yes, when? \_\_\_\_\_

Are you legally eligible to work in the U.S.?.....  Yes  No

Date available for work? \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Type of employment desired  Fulltime  Part time  Temporary  Seasonal

Driver's license number if driving may be required in position for which you are applying \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of any law violation? (A conviction will not necessarily disqualify an applicant for employment.)

Include any plea of "guilty" or "no contest." Exclude minor traffic violations.).....  Yes  No

If yes, give details

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) \_\_\_\_\_

## SKILLS AND QUALIFICATIONS

What skills or additional training do you have that relate to the job for which you are applying?

## COMPUTER SKILLS

(Check appropriate boxes. Include software titles and years of experience.)

Word processing \_\_\_\_\_ Years: \_\_\_\_\_  E-Mail \_\_\_\_\_ Years: \_\_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  Internet \_\_\_\_\_ Years: \_\_\_\_\_  
 Presentation \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

## EDUCATION

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/Certificate	Subjects Studied

## **EMPLOYMENT HISTORY**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

EMPLOYER \_\_\_\_\_ Telephone # \_\_\_\_\_ Employment Dates \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Titles & Duties \_\_\_\_\_ Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor Name & Contact Number \_\_\_\_\_ May we contact for reference?  Yes  No

EMPLOYER \_\_\_\_\_ Telephone # \_\_\_\_\_ Employment Dates \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Titles & Duties \_\_\_\_\_ Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor Name & Contact Number \_\_\_\_\_ May we contact for reference?  Yes  No

EMPLOYER \_\_\_\_\_ Telephone # \_\_\_\_\_ Employment Dates \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Titles & Duties \_\_\_\_\_ Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor Name & Contact Number \_\_\_\_\_ May we contact for reference?  Yes  No

## **REFERENCES**

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship	Phone	Number of years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_