



Employment Application

| Applicant Information | | |
|-----------------------|------------------------|----------|
| FULL NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP CODE |
| PHONE NUMBER | SECONDARY PHONE NUMBER | |

| Employment Desired | | |
|---------------------------------------------------------|---------------------------------------------|----------------|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? | IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? | |
| HAVE YOU EVER WORKED FOR THIS COMPANY? | IF SO WHEN? | |
| ARE YOU LEGALLY QUALIFIED TO WORK IN THE UNITED STATES? | | |

| Education | | | |
|-------------------------------------------|-----------------|------------------|------------------|
| | NAME & LOCATION | DID YOU GRADUATE | SUBJECTS STUDIED |
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL | | | |

| Previous Employment | | | | |
|---------------------|----------------------------|--------|----------|--------------------|
| DATE MONTH & YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

References

Please list three professional references.

| NAME | ADDRESS | BUSINESS | YEARS KNOWN |
|------|---------|----------|-------------|
| | | | |
| | | | |
| | | | |

General Information

| | |
|--------------------------------|---------------------------------|
| SPECIAL SKILLS | |
| SPECIAL TRAINING | |
| U.S. MILITARY OR NAVAL SERVICE | JOB RELATED MILITARY EXPERIENCE |

Disclaimer and Signature

"I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with the Disabilities Act (ADA) and other relevant federal and state laws.

CCS is an equal opportunity employer and prohibits discrimination in all aspects of employment on the basis of race, color, religion, ancestry, national origin, sex, sexual orientation, gender identity, place of birth, age, or against a qualified individual with a disability (or any other classification protected by law). "

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature: _____ Date: _____

Do Not Write Below this Line

Date _____ Interviewed by _____

Remarks

| |
|--|
| |
| |
| |
| |

| | | |
|---------|----------|--------------|
| ABILITY | | |
| HIRED | POSITION | SALARY WAGES |