

Community Management Group

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.	
(PLEASE PRINT)	Date of Application
Position Applied For	Salary Desired
How Did you Learn About Us? <div style="display: flex; justify-content: space-between; font-size: small;"> Advertisement Agency Friend Relative Walk-in Other _____ </div>	
Last Name	First Name
Middle Name	
Address	Number
Zip Code	Street
	City
	State
Telephone Number(s)	Social Security Number

If you are under 18 years of age, can you provide required proof of your work? Yes Noeligibility to work?

Have you ever filed an application with us before? Yes No
If yes give date _____

Have you ever been employed with us before? Yes No
If yes give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Is your availability for work limited? Yes No

If Yes, please indicate which hours and days of the week you are unavailable _____

Are you available to work flexible hours, which could include weekends and/or overtime? Yes No

Do you plan to engage in other work while in our employ? Yes No

If yes, please describe work, as well as the hours and days of the week involved: _____

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have your own transportation? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School					High School				Undergraduate College/University				Graduate Professional			
School Name and Location																	
Diploma/Degree																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																	
State any additional information you feel may be helpful to us in considering your application.																	

References

<p>Give name, address and telephone number of three references who are not related to you and are not previous employers.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Have you had any job-related training in the United State military?

Yes No

If yes, please describe: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1	Employer		Length of Service	Work Performed
	Address			
	Telephone Number (s)		<u>Hourly Rate/Salary Starting</u> <u>Final</u>	
	Job Title	Supervisor		
	Reason for Leaving			
2	Employer		Length of Service	Work Performed
	Address			
	Telephone Number (s)		<u>Hourly Rate/Salary Starting</u> <u>Final</u>	
	Job Title	Supervisor		
	Reason for Leaving			
3	Employer		Length of Service	Work Performed
	Address			
	Telephone Number (s)		<u>Hourly Rate/Salary Starting</u> <u>Final</u>	
	Job Title	Supervisor		
	Reason for Leaving			
4	Employer		Length of Service	Work Performed
	Address			
	Telephone Number (s)		<u>Hourly Rate/Salary Starting</u> <u>Final</u>	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Upon consideration for employment in this company, I consent to drug testing and security interview. I understand these tests will not necessarily disqualify me from employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

 Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Re-
marks _____

 Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate /Salary _____ Department _____

By _____
 Name and Title Date

NOTES

