



Application for Employment

GENERAL

LAST NAME	FIRST	MIDDLE	TODAY'S DATE
STREET ADDRESS			CITY STATE ZIP CODE
HOME TELEPHONE NUMBER	EMAIL ADDRESS		SOCIAL SECURITY NO. / /
REFERRED BY: (INDICATE NAME) <input type="checkbox"/> WEBSITE <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> CFHASC EMPLOYEE <input type="checkbox"/> OTHER			
POSITION APPLIED FOR			PAY DESIRED \$
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CAN YOU FURNISH A WORK PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO			DATE AVAILABLE
<p>ARE YOU CURRENTLY AUTHORIZED TO WORK FOR ALL EMPLOYERS IN THE UNITED STATES ON A FULL-TIME BASIS, OR ONLY FOR YOUR CURRENT EMPLOYER?</p> <p><input type="checkbox"/> ALL EMPLOYERS <input type="checkbox"/> ONLY CURRENT EMPLOYER</p> <p>WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (e.g. H-1B status)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, CFHASC will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.</p>			
<p>ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT A REASONABLE ACCOMMODATION?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>			

EDUCATION

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

EMPLOYMENT BEGINNING WITH MOST RECENT

FROM Month/Year.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO Month/Year	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
	TELEPHONE NUMBER	TERMINATION REASON <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

EMPLOYMENT CONTINUED

FROM Month/Year.	COMPANY NAME		YOUR POSITION and TITLE		
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION		
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS	STARTING PAY \$			FINAL PAY \$
	TELEPHONE NUMBER	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY			REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				
TO Month/Year	COMPANY NAME		YOUR POSITION and TITLE		
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION		
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS	STARTING PAY \$			FINAL PAY \$
	TELEPHONE NUMBER	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY			REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				
FROM Month/Year.	COMPANY NAME		YOUR POSITION and TITLE		
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION		
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS	STARTING PAY \$			FINAL PAY \$
	TELEPHONE NUMBER	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY			REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				
TO Month/Year	COMPANY NAME		YOUR POSITION and TITLE		
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION		
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS	STARTING PAY \$			FINAL PAY \$
	TELEPHONE NUMBER	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY			REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

ADDITIONAL INFORMATION**UNEMPLOYMENT** (ACCOUNT FOR PERIODS OF TIME, THREE MONTHS OR MORE)

FROM	TO	HOW DID YOU SPEND THIS TIME?
FROM	TO	HOW DID YOU SPEND THIS TIME?

IN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF OR HAVE YOU PLEADED GUILTY TO ANY FELONY OR MISDEMEANOR? (PLEASE EXCLUDE MINOR TRAFFIC OFFENSES AND CONVICTIONS WHICH HAVE BEEN SEALED, IMPOUNDED, ERASED, EXPUNGED, OR ANNULLED)

YES NO

PLEASE NOTE: OTHER FACTORS WILL BE TAKEN INTO ACCOUNT SUCH AS THE NATURE OF THE OFFENSE, THE TIME THAT HAS PASSED SINCE THE CONVICTION AND THE TYPE OF JOB BEING SOUGHT. FURTHER, THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW. IF YES, PLEASE DESCRIBE:

OFFICE SKILLS (INDICATE COMPUTER SOFTWARE AND PROFICIENCY)**REFERENCES** (PLEASE LIST THREE EMPLOYMENT REFERENCES)

NAME OF REFERENCE & RELATIONSHIP	EMPLOYER	ADDRESS AND TELEPHONE NUMBER

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

During the application process and, if hired, during employment, I agree to participate (if so requested by the Company and as not prohibited by applicable law) in testing to determine whether employees are under the influence of controlled drugs or illegal substances. Such tests or examinations will be performed by qualified professionals selected by the Company.

My signature attests to the fact that the information that I have provided on my application, resume, given verbally, or provided on any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

The Company or its agents may seek to verify the information on this application. As such, I hereby authorize the Company or its agents to contact any former employer or any representative of any other organization to which I have made reference in this application, and I hereby authorize said employer and/or representative to provide information to the Company on my behalf.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

I acknowledge that I have read all of the above statements, and that I understand them.

Date _____ Signature _____