

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

REVIEWER'S NAME(S):

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Bilingual Yes No

If Yes, what languages spoken:

Skills

Special Personal Skills (i.e. grant writing, event planning, arts and crafts, etc.): _____

Typing Yes _____ WPM
 No Processing

Microsoft Office: Yes Word Excel Powerpoint Access
 No Other Programs: _____

Personal Computer Yes PC
 No Mac

Internet: _____
Print Programs: _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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Volunteerism

HAVE YOU EVER VOLUNTEERED OR COMPLETED COMMUNITY SERVICE? Yes No

IF YES, WHERE (list all): _____

Most Recent Dates of Service: FROM: _____ TO: _____ Mentoring Experience? Yes No

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **CMB VISIONS UNLIMITED, INC.** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **CMB VISIONS UNLIMITED, INC.**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that this relationship cannot be altered except by a written instrument signed by the Chief Executive Officer (CEO). Both the undersigned and **CMB VISIONS UNLIMITED, INC.**, may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include no benefits or reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a law enforcement agency information pertaining to my criminal history. A criminal background check is required prior to employment. Upon written request from me, the Company, will provide me with additional information concerning results of criminal background checks.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our company.

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height _____ ft. _____ in. Weight _____ Birth date _____
 Married Yes No If married, how long? _____ Single Separated Divorced Widowed
 Full name of spouse _____ Occupation _____
 Name of company _____ Telephone () _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____
 Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

TO BE COMPLETED
BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____
 Location _____ Rate of pay _____ Full-time Part-time Salaried
 Applicant's signature acknowledging above information _____
 Drug test confirmation number _____
 Name of person verifying information _____
 Name of person authorizing employment _____

Applicant Selection Criteria Record

JOB TITLE			
CANDIDATES CONSIDERED			
NAME	MALE/ FEMALE	ETHNICITY CODE*	SPECIFY RACE
*RACE/ETHNICITY CODES: 1-BLACK, 2-ASIAN, 3-HISPANIC, 4-AMERICAN INDIAN, 5-HAITIAN, 6-WHITE, 0-OTHER (SPECIFY):			
CANDIDATE SELECTED			
NAME	MALE/ FEMALE	ETHNIC CODE	
SELECTION CRITERIA			
REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS			
	ORIGINATOR'S SIGNATURE	DATE	