



APPLICATION FOR EMPLOYMENT
Drug Free Workplace Equal Opportunity Employer

POSITION DESIRED:	DATE AVAILABLE:	SALARY DESIRED:
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APPLICANT INFORMATION

LAST NAME:	M. I.	FIRST NAME:	PHONE:
ADDRESS:		CITY:	STATE: ZIP CODE:
SOCIAL SECURITY NO:		EMAIL:	

EMPLOYMENT HISTORY

CURRENT EMPLOYER		ADDRESS (INCLUDE CITY, STATE, ZIPCODE)	PHONE
SUPERVISOR		POSITION/DUTIES	
START DATE	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER?	
PREVIOUS EMPLOYER		ADDRESS (INCLUDE CITY, STATE, ZIPCODE)	PHONE
SUPERVISOR		POSITION/DUTIES	
DATES OF EMPLOYMENT	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER?	
PREVIOUS EMPLOYER		ADDRESS (INCLUDE CITY, STATE, ZIPCODE)	PHONE
SUPERVISOR		POSITION/DUTIES	
DATES OF EMPLOYMENT	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER?	
PREVIOUS EMPLOYER		ADDRESS (INCLUDE CITY, STATE, ZIPCODE)	PHONE
SUPERVISOR		POSITION/DUTIES	
DATES OF EMPLOYMENT	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER?	

EDUCATION, TRAINING & EXPERIENCE

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	AREA OF STUDY
HIGH SCHOOL				
COLLEGE				
VOCATIONAL				
MILITARY	BRANCH	RANK	YEARS OF SERVICE	RELATED DUTIES
OTHER TRAINING/SKILLS				

QUALIFICATIONS

PLEASE LIST SPECIFIC DUTIES YOU HAVE PERFORMED WHICH WOULD QUALIFY YOU FOR THE POSITION YOU ARE APPLYING FOR:

PERSONAL INFORMATION

DO YOU HAVE A VALID DRIVERS LICENSE?

IF HIRED, WILL YOU HAVE TRANSPORTATION TO /FROM WORK?

IF HIRED, WOULD YOU BE ABLE TO PRESENT EVIDENCE OF U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?

IF HIRED, ARE YOU WILLING TO SUBMIT TO AND PASS A CONTROLLED SUBSTANCE TEST AS REQUIRED FOR EMPLOYMENT?

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH/WITHOUT REASONABLE ACCOMMODATION?

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? YES or NO

IF YES, PLEASE DESCRIBE THE CRIME - STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

WORK RELATED REFERENCES

NAME	PHONE NO	BUSSINESS/OCCUPATION	YEARS KNOWN

AUTHORIZATION

"I hereby authorize CCI Group and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. 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 and 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 of any specified period of time, 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 of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE

DATE