

# Application for Employment



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ email: \_\_\_\_\_

Referral Source (please check the appropriate category and name of the source)

- |  |  |
|--|--|
| <input type="checkbox"/> Walk-in _____         | <input type="checkbox"/> School _____            |
| <input type="checkbox"/> Employee _____        | <input type="checkbox"/> Job Fair _____          |
| <input type="checkbox"/> Advertisement _____   | <input type="checkbox"/> Staffing Agency _____   |
| <input type="checkbox"/> Company Website _____ | <input type="checkbox"/> Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____  | <input type="checkbox"/> Other _____             |

If necessary, best time to call you at home is: \_\_\_\_\_ am pm

Will you travel if job requires it?  Yes  No

May we contact you at work?  Yes  No

If yes, number and best time to call  
(\_\_\_\_) \_\_\_\_\_ am pm

If they have been explained to you, are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime if required?  Yes  No

If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_

If you are under 18 and it is required can you furnish a work permit?  Yes  No

Driver's License number required if driving may be required in the job for which you are applying:

Have you submitted an application here before?  Yes  No

If YES, give dates and position(s): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_  
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Have you ever been employed here before?  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date and the offense, seriousness and the nature of the violation, rehabilitation and position applied for will be taken into account.

If YES, give dates From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Have you ever pled "guilty" or "no contest" to, Or been convicted of a felony?  Yes  No

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

If YES, please provide date(s) and details \_\_\_\_\_  
\_\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary

Will you relocate if job requires it?  Yes  No

## Employment History

Starting with your most recent employer, provide the following information:

Employer	Telephone #	Dates Employed:	Month	Year	to	Month	Year	
				/		/		
Street Address	City	State	Compensation (Starting)					
			<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	\$	Per
Starting Job Title/Final Job Title			Compensation (Final)					
			<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	\$	Per
Immediate Supervisor and Title								
Why did you leave? _____ May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Summarize the type of work performed and job responsibilities:								
What were the things you liked least about the position?								

Employer	Telephone #	Dates Employed:	Month	Year	to	Month	Year	
				/		/		
Street Address	City	State	Compensation (Starting)					
			<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	\$	Per
Starting Job Title/Final Job Title			Compensation (Final)					
			<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	\$	Per
Immediate Supervisor and Title								
Why did you leave? _____ May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Summarize the type of work performed and job responsibilities:								
What were the things you liked least about the position?								

Employer	Telephone #	Dates Employed:	Month	Year	to	Month	Year	
				/		/		
Street Address	City	State	Compensation (Starting)					
			<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	\$	Per
Starting Job Title/Final Job Title			Compensation (Final)					
			<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	\$	Per
Immediate Supervisor and Title								
Why did you leave? _____ May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Summarize the type of work performed and job responsibilities:								
What were the things you liked least about the position?								

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

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If not addressed on previous page, have you ever been fired or asked to resign from a job? ----- Yes  No  
 If YES, please explain: \_\_\_\_\_

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## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

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Computer Skills: \_\_\_\_\_

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## Educational Background

Starting with your most recent school attended, provide the following information

School (include City and State)	Years Completed	Completed	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other _____	

## References

Name	Relationship	Telephone	Years Known

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for one year from the date of application. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard

I understand and agree that if I am hired and as a condition of my employment, I am waiving my right to a jury trial in any action or proceeding related to my employment with Core Products International. I also understand and agree that if hired and as a condition of my employment, I am waiving my right to be a member in a class action in any action or proceeding related to my employment with Core Products International. I understand that I am waiving my right to a jury trial and to participate in a class action voluntarily and knowingly, and free from duress and coercion.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

## DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_