



COMPREHENSIVE COMMUNITY SERVICES

# Employment Application

APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address								
Date Available			Social Security No.			Desired Salary						
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony or misdemeanor?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
Are you 18 years old or older?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Who Referred you?					
EDUCATION												
High School			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Any special study, research work, training, or skills:												
REFERENCES												
<b>Please list two professional references whom you have know for 1 year and one you have know for 5 years.</b>												
Full Name				Relationship								
Company				Phone		(      )						
Address												
Full Name				Relationship								
Company				Phone		(      )						
Address												
Full Name				Relationship								
Company				Phone		(      )						
Address												



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<b>PREVIOUS EMPLOYMENT</b>										
Company					Phone	(      )				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone	(      )				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone	(      )				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
<b>MILITARY SERVICE</b>										
Branch					From		To			
Rank at Discharge					Type of Discharge					
If other than honorable, explain										
<b>DISCLAIMER AND SIGNATURE</b>										
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>I authorize investigation of all statements contained herein and references and employers listed above to give you and 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 any damage that may result from utilization of such information.</p> <p>I also understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.</p>										
Signature					Date					



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**DO NOT WRITE ON THIS PAGE; FOR INTERVIEWER'S USE ONLY**

Interviewed By:

Date:

Comments:

Interviewed By:

Comments:

Interviewed By:

Comments:

HIRED (Date) FOR DEPT:

FOR POSITION:

SALARY WAGES:

WILL REPORT:

APPROVED 1	HR	DATE
APPROVED 2	DIRECTOR	DATE
APPROVED 3	VICE PRESIDENT	DATE