

Employment Application



In order that we may better understand your qualifications and interests and to assure you the fullest consideration, please complete all of the items listed below.

Please Type or Print

PERSONAL INFORMATION

Name		Today's Date
Present Address		
City	State	Zip Code
E-mail Address	Primary Phone	Mobile, Fax, etc.
Permanent Address (if different from above)		Primary Phone
City		State
		Zip Code

YOUR JOB REQUIREMENTS

Position applying for: _____ Date Available to Start Work _____
Position Title

This Application is for: Regular Full-Time (37.5 hours/week)
 Temporary Part-Time (less than 37.5 hours/week) _____ Number of hours/week

Desired Starting Salary \$ _____ Are you willing to work overtime? _____

EDUCATION AND TRAINING

High School Name & Address: _____ 1 2 3 4 5 6 7 8 9 10 11 12 or GED
_____ Circle highest grade completed

Education Beyond High School

Circle Number of Years Completed College/University 1 2 3 4 Graduate School 1 2 3 4 5 or more	Credit Hours	Type of Degree, Diploma or Certificate Received	Major Subject/Grade Point Average	Graduated (Check one)
College or University Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University, Graduate, Professional, Other (i.e., internship, etc) Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University, Graduate, Professional, Other (i.e., internship, etc) Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business, Vocational or Junior College Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Honors, Awards, Recognitions. Licenses, Certifications (Include dates and source of issuance)				

If you used a different name when enrolled at a college or university listed above, give the name used and the institution involved.

Name: _____ Institution: _____

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Name of Applicant: _____

GENERAL INFORMATION

- A. Are you legally authorized to work in the United States? Yes No
As a condition of employment, all employees are required to submit proof of employment eligibility and identity in compliance with the Immigration Reform and Control Act of 1986.
- B. Have you ever been employed by CAHEC? Yes No
 If Yes, when? Give dates and name used (if different): _____
- C. Are you related in any way to any person currently employed at CAHEC? Yes No
- D. Can you perform all functions of this job? Yes No
(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)
- E. Have you ever been *convicted* of (or pleaded guilty, no contest, or paid a fine for) any unlawful offense of any type whatsoever, including, but not limited to, felonies, misdemeanors, DWI, hunting offenses, domestic violence, city or county ordinances, with the sole exception of minor traffic violations? Yes No
 If yes, please explain: _____
(Convictions will not necessarily disqualify an applicant. Each case is considered individually.)
- F. Have you ever been discharged from any employment or asked to resign? Yes No
 If yes, please explain: _____

WORK HISTORY

Please provide a complete employment history listing all positions held including part-time, summer, volunteer & military experience. List your present or most recent position first. If necessary, use the Continuation Sheet(s). Periods of unemployment must also be included.

Please note: Résumé information supplements, but is not a substitute for completing this section in detail.

A. Title of last position: _____ Starting Salary \$_____ Ending Salary \$_____

Employed From:	Mo. _____	Yr. _____
Employed To:	Mo. _____	Yr. _____
Full -Time:	Years _____	Months _____
Part-Time:	Years _____	Months _____
If part-time, number of hours worked per week:	_____	

Employer		
Supervisor's Name	Title	Telephone
Address of Employer		
Duties		
Reason for Leaving/Changing		

NOTE

May we contact your **current** employer regarding your record of employment?

Yes No

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Name of Applicant: _____

WORK HISTORY

B. Title of next to last position: _____ Starting Salary \$ _____ Ending Salary \$ _____

Employed From:	Mo.	Yr.			
	_____	_____			
Employed To:	Mo.	Yr.			
	_____	_____			
Full -Time:	Years	Months			
	_____	_____			
Part-Time:	Years	Months			
	_____	_____			
If part-time, number of hours worked per week: _____					

Employer		

Supervisor's Name	Title	Telephone
_____	_____	_____
Address of Employer		

Duties		

Reason for Leaving/Changing		

C. Title of next position: _____ Starting Salary \$ _____ Ending Salary \$ _____

Employed From:	Mo.	Yr.			
	_____	_____			
Employed To:	Mo.	Yr.			
	_____	_____			
Full -Time:	Years	Months			
	_____	_____			
Part-Time:	Years	Months			
	_____	_____			
If part-time, number of hours worked per week: _____					

Employer		

Supervisor's Name	Title	Telephone
_____	_____	_____
Address of Employer		

Duties		

Reason for Leaving/Changing		

SPECIAL QUALIFICATIONS AND SKILLS

Significant Skills Relevant to the Position (Include Office Skills, Language Skills, Word Processing, Spread Sheet, Computer Technology, Software User Support, etc.)

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Name of Applicant: _____

PROFESSIONAL REFERENCES

List three persons unrelated to you who have definite knowledge of your qualifications for the position for which you are applying. Do not list personal references. Please indicate the professional relationship.

May we contact the following references at this time? Yes No

a.	_____	_____	_____
	Name	Business or Occupation	Professional Relationship
	_____	_____	_____
	Present Business/Home Address	Email Address	Daytime Phone
b.	_____	_____	_____
	Name	Business or Occupation	Professional Relationship
	_____	_____	_____
	Present Business/Home Address	Email Address	Daytime Phone
c.	_____	_____	_____
	Name	Business or Occupation	Professional Relationship
	_____	_____	_____
	Present Business/Home Address	Email Address	Daytime Phone

HOW WERE YOU REFERRED TO US?

Employee – Name: _____ Internet: Specify website: _____

School/College – Name: _____ Newspaper Ad: Specify: _____

Employment Agency – Name: _____ Other, Specify: _____

DECLARATION OF APPLICATION

I hereby certify that all information on this application and any Continuation Sheet submitted is true and complete. I authorize persons, schools, current employer (if approved by me in the "Work History" section), licensing, registration, and certifying boards, other organizations, past employers, and references to provide CAHEC with any relevant information needed to consider my candidacy; and I release from liability any person giving or receiving such information. I understand that false or misleading information or documentation, or an omission or failure to include all relevant information may result in rejection of my application, or termination if already employed. I understand that completion of this application or acceptance of an offer of employment does not create any contractual obligation between CAHEC and me. I further understand that any employment offered is for an indefinite duration and *at will* and that either I or CAHEC may terminate my employment at any time with or without notice or cause.

As a condition of employment, I understand that I am required to sign an Employment Agreement containing (i) a Confidentiality and Covenant Not to Compete and Non-Solicitation Agreement and certifying (ii) that I do not have a conflicting contractual obligation from prior employment that would prohibit or restrict me from working with CAHEC.

Applicant's Signature _____ Date _____

***Thank you for making an application for employment with CAHEC.
We appreciate your interest in our company.***

Employment Application



Name of Applicant: _____

CONTINUATION SHEET

D. Title of next position: _____ Starting Salary \$ _____ Ending Salary \$ _____

Employed From:	Mo.	Yr.
	_____	_____
Employed To:	Mo.	Yr.
	_____	_____
Full -Time:	Years	Months
	_____	_____
Part-Time:	Years	Months
	_____	_____
If part-time, number of hours worked per week: _____		

Employer		
Supervisor's Name	Title	Telephone

Address of Employer		

Duties		

Reason for Leaving/Changing		

E. Title of next position: _____ Starting Salary \$ _____ Ending Salary \$ _____

Employed From:	Mo.	Yr.
	_____	_____
Employed To:	Mo.	Yr.
	_____	_____
Full -Time:	Years	Months
	_____	_____
Part-Time:	Years	Months
	_____	_____
If part-time, number of hours worked per week: _____		

Employer		
Supervisor's Name	Title	Telephone

Address of Employer		

Duties		

Reason for Leaving/Changing		

F. Title of next position: _____ Starting Salary \$ _____ Ending Salary \$ _____

Employed From:	Mo.	Yr.
	_____	_____
Employed To:	Mo.	Yr.
	_____	_____
Full -Time:	Years	Months
	_____	_____
Part-Time:	Years	Months
	_____	_____
If part-time, number of hours worked per week: _____		

Employer		
Supervisor's Name	Title	Telephone

Address of Employer		

Duties		

Reason for Leaving/Changing		
