



# Employment Application

Name of Applicant: \_\_\_\_\_

## Employment 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. 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: \_\_\_\_\_

Employed - From:	Mo.	Yr.
To:		
Full -Time:	Yr.	Mo.
If part-time, hours worked per week _____		
Note: May we contact your current employer regarding your record of employment?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	Phone:
Employer Address:	
Supervisor Name:	Title:
Duties:	
Reason for Leaving/Changing:	

B. Title of next to last position: \_\_\_\_\_

Employed - From:	Mo.	Yr.
To:		
Full -Time:	Yr.	Mo.
Note: May we contact this employer regarding your record of employment?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	Phone:
Employer Address:	
Supervisor Name:	Title:
Duties:	
Reason for Leaving/Changing:	

C. Title of next to last position: \_\_\_\_\_

Employed - From:	Mo.	Yr.
To:		
Full -Time:	Yr.	Mo.
Note: May we contact this employer regarding your record of employment?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	Phone:
Employer Address:	
Supervisor Name:	Title:
Duties:	
Reason for Leaving/Changing:	

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## Special Qualifications and Skills

Special Training or Certifications Relevant to the Position (Include: accounting software products, Microsoft Office Suite, customized databases, and web-based applications.)

## Professional References

Based on the employers listed in the Employment History sections, list three current or former supervisors who have definite knowledge of your qualifications for the position for which you are applying. Please do not list personal references.

- |    |       |               |               |
|----|-------|---------------|---------------|
| a. | _____ | _____         | _____         |
|    | Name  | Email Address | Daytime Phone |
| b. | _____ | _____         | _____         |
|    | Name  | Email Address | Daytime Phone |
| c. | _____ | _____         | _____         |
|    | Name  | Email Address | Daytime Phone |

## How were you referred to us?

- Employee – Name: \_\_\_\_\_  State or Local Agency: Specify: \_\_\_\_\_
- School/College – Name: \_\_\_\_\_  Internet Ad: Specify: \_\_\_\_\_
- Employment Agency – Name: \_\_\_\_\_  Other, Specify: \_\_\_\_\_

## Declaration of Applicant

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 "Employment History" section), licensing, registration, certifying boards, other organizations, past employers, past supervisors, 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.

If employed, I understand that CAHEC or I may terminate or modify the employment relationship at any time without prior notice or cause and that any employment offered is for an indefinite duration and "at will". In consideration of my employment, I agree to abide by all of the Company policies and procedures.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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**CONTINUATION SHEET**

D. Title of next to last position: \_\_\_\_\_

Employed - From:	Mo.	Yr.
To:		
Full -Time:	Yr.	Mo.
<p>Note: May we contact this employer regarding your record of employment?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		

Employer Name:	Phone:
Employer Address:	
Supervisor Name:	Title:
Duties:	
Reason for Leaving/Changing:	

E. Title of next to last position: \_\_\_\_\_

Employed - From:	Mo.	Yr.
To:		
Full -Time:	Yr.	Mo.
<p>Note: May we contact this employer regarding your record of employment?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		

Employer Name:	Phone:
Employer Address:	
Supervisor Name:	Title:
Duties:	
Reason for Leaving/Changing:	

F. Title of next to last position: \_\_\_\_\_

Employed - From:	Mo.	Yr.
To:		
Full -Time:	Yr.	Mo.
<p>Note: May we contact this employer regarding your record of employment?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		

Employer Name:	Phone:
Employer Address:	
Supervisor Name:	Title:
Duties:	
Reason for Leaving/Changing:	