

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

Name (Last)	(First)	(Middle)	Social Security No. - -		
Address (Present)	(City)	(State)	(Zip)	Telephone Number ( ) -	
E-Mail Address		Referred By?			

## EMPLOYMENT DESIRED

Position		Date you can start		<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary		<b>Hours:</b> <input type="checkbox"/> Day <input type="checkbox"/> Saturday <input type="checkbox"/> Afternoon <input type="checkbox"/> Rotating	
Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Desired	May we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you applied to CSB&T before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?		When?				

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
 If no, list the highest grade completed

**(Most recent first) High School, College, Business School, Military**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					

Languages Read, Written or Spoken Fluently Other Than English

## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

## WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer		Telephone Number ( ) -			
Address					
Job Title			Number Employees Supervised		
Specific Duties					
From (Month/Year)	To (Month/Year)	Supervisor	Hours per week	Salary	
Reason For Leaving			May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer		Telephone Number ( ) -		
Address				
Job Title		Number Employees Supervised		
Specific Duties				
From (Month/Year)	To (Month/Year)	Supervisor	Hours per week	Salary
Reason For Leaving			May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**REFERENCES** (Give below the names of three persons not related to you, whom you have known at least one year.)

Name	Phone	Business	Years Known

**AUTHORIZATION**

"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 any 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 for any specified period of time, or 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 or 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."

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**Interviewer's Comments:**


Neatness		Character		
Personality		Ability		
Hired	For Dept.	Position	Report on date	Salary/Wage

APPROVED 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Employment Manager                      Department Head                      Supervisor