**EMPLOYMENT APPLICATION FORM**

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| **Please Print All Information Requested Except Signature** |
| **APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS** |
| **PLEASE COMPLETE PAGES 1-5**  | **DATE:** |
| **NAME:** |
|  **LAST FIRST MIDDLE MAIDEN** |
| **PRESENT ADDRESS:** |
|  **NUMBER STREET CITY STATE ZIP CODE** |
| **HOW LONG:**  | **SOCIAL SECURITY NUMBER:** |
| **TELEPHONE:** |
| **IF UNDER 18, PLEASE LIST AGE:** |
| **POSITION APPLIED FOR:** |
| **SALARY DESIRED:** |
| **HOW MANY HOURS CAN YOU WORK WEEKLY?**   |  **CAN YOU WORK NIGHTS?**  |
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| **DAYS/HOURS AVAILABLE FOR WORK** |
| **NO PREF** | **THURS** |
| **MON** | **FRI** |
| **TUES** | **SAT** |
| **WED** | **SUN** |

**EMPLOYMENT DESIRED:** * **FULL-TIME ONLY**
* **PART-TIME ONLY**
* **FULL OR PART TIME**
 |
| **IF SELECTED, WHEN CAN YOU START?** |

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| **EDUCATION & OTHER INFORMATION** |
| **TYPE OF** **SCHOOL** | **NAME OF****SCHOOL** | **LOCATION****(MAILING ADDRESS)** | **NUMBER OF YEARS COMPLETED** | **MAJOR & DEGREE** |
| **HIGH SCHOOL** |
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| **COLLEGE** |
|  |  |  |  |  |
| **BUSINESS OR TRADE SCHOOL** |
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| **HAVE YOU EVER BEEN CONVICTED OF A CRIME?** |
| **IF YES, EXPLAIN NUMBER OF CONVICTIONS, NATURE OF OFFENSE(S), LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENCE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED, AND TYPE(S) OF REHABILITATION.** |
| **DO YOU HAVE A DRIVER'S LICENSE?** |
| **WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK?** |
| **DRIVER'S LICENSE NUMBER: STATE OF ISSUE:**  |
| **EXPIRATION DATE:** |
| **HAVE YOU HAD ANY ACCIDENTS IN THE PAST 3 YEARS?**  | **HOW MANY?** |
| **HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST 3 YEARS?** | **HOW MANY?** |
| **PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLPOYERS** |
| **NAME:** | **NAME:** |
| **POSITON:** | **POSITION:** |
| **COMPANY:** | **COMPANY:** |
| **ADDRESS:** | **ADDRESS:** |
| **TELEPHONE:** | **TELEPHONE:** |
| **AN APPLICATION FORM SOMETIMES MAKES IT DIFFICULT FOR AN INDIVIDUAL TO ADEQUATELY SUMMARIZE A COMPLETE BACKGROUND. USE THE SPACE BELOW TO ADD ADDITIONAL INFOMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING.**  |
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| **MILITARY** |
| **HAVE YOU EVER BEEN IN THE ARMED FORCES?** | * **YES**
* **NO**
 |
| **ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?** | * **YES**
* **NO**
 |
| **SPECIALTY DATE ENTERED DISCHARGE DATE** |
| **PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT EMPLOYER** |
| **NAME OF EMPLOYER:** | **NAME OF LAST SUPERVISOR:** | **EMPLOYMENT DATES****FROM:****TO:** | **SALARY****START:****FINAL:** |
| **COMPLETE ADDRESS:** |
| **PHONE NUMBER:** | **YOUR LAST JOB TITLE:** |
| **REASON FOR LEAVING (BE SPECIFIC):** |
| **LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY** |
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| **MAY WE CONTACT THIS EMPLOYER?*** **YES**
* **NO**
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| **NAME OF EMPLOYER:** | **NAME OF LAST SUPERVISOR:** | **EMPLOYMENT DATES****FROM:****TO:** | **SALARY****START:****FINAL:** |
| **COMPLETE ADDRESS:** |
| **PHONE NUMBER:** | **YOUR LAST JOB TITLE:** |
| **REASON FOR LEAVING (BE SPECIFIC):** |
| **LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY** |
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| **MAY WE CONTACT THIS EMPLOYER*** **YES**
* **NO**
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| **NAME OF EMPLOYER:** | **NAME OF LAST SUPERVISOR:** | **EMPLOYMENT DATES****FROM:****TO:** | **SALARY****START:****FINAL:** |
| **COMPLETE ADDRESS:** |
| **PHONE NUMBER:** | **YOUR LAST JOB TITLE:** |
| **REASON FOR LEAVING (BE SPECIFIC):** |
| **LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY** |
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| **MAY WE CONTACT THIS EMPLOYER*** **YES**
* **NO**
 |
|  |
| **NAME OF EMPLOYER:** | **NAME OF LAST SUPERVISOR:** | **EMPLOYMENT DATES****FROM:****TO:** | **SALARY****START:****FINAL:** |
| **COMPLETE ADDRESS:** |
| **PHONE NUMBER:** | **YOUR LAST JOB TITLE:** |
| **REASON FOR LEAVING (BE SPECIFIC):** |
| **LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY** |
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| **MAY WE CONTACT THIS EMPLOYER*** **YES**
* **NO**
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| **DID YOU COMPLETE THIS APPLICATION YOURSELF?*** **YES**
* **NO IF NO, WHO DID?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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| **PLEASE READ CAREFULLY** |
| **APPLICATION FORM WAIVER** |
| **In exchange for the consideration of my job application by Creative Openings Inc (hereinafter called "the company", I agree that:****Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Creative Openings Inc, or otherwise to change in any respect to the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Manager of the Company. Both the undersigned and Creative Openings Inc may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.****I authorize investigation of all statements contained in this application. I understand that the misrepresentations or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.****I also understand that, in connection with the routine processing of your employment application, the Company may request a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.****I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.** |
| **SIGNATURE OF APPLICANT DATE** |
| **This Company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.** |
| **Thank you for completing this application form and for your interest in our business.** |