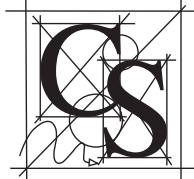


Position applying for \_\_\_\_\_ Date \_\_\_\_\_



# APPLICATION FOR EMPLOYMENT



Instructions: PRINT IN BLACK INK OR TYPE. Fill out the application form completely; If questions are not applicable, enter "N/A." Do not leave questions blank. Resumes will be accepted as additional information but not in place of a completed application. Be sure to sign the application when it is completed. EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists.

NAME \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Last) (First) (Middle)

Work \_\_\_\_\_

ADDRESS (Current) \_\_\_\_\_ Home \_\_\_\_\_  
 (Street) (City) (State) (Zip) (Phone)

Work \_\_\_\_\_

(Permanent) \_\_\_\_\_ Home \_\_\_\_\_  
 (Street) (City) (State) (Zip) (Phone)

Type of position desired \_\_\_\_\_

Wage Expected \$ \_\_\_\_\_ Full-Time  Part-Time  Date available for work \_\_\_\_\_

CAN YOU *AFTER EMPLOYMENT*, SUBMIT PROOF OF U.S. CITIZENSHIP OR VERIFICATION DOCUMENTS OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? Yes  No

WERE YOU PREVIOUSLY EMPLOYED BY THIS ORGANIZATION? No  Yes  If yes, date(s) \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST IN A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OVER \$500 IN THE LAST TWO YEARS (Conviction will not necessarily disqualify an applicant)? Yes  No

If yes, explain \_\_\_\_\_

IS THERE ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?

If yes, explain \_\_\_\_\_

MILITARY: Active Duty Dates From \_\_\_\_\_ To \_\_\_\_\_ Branch Served \_\_\_\_\_  
 (Rank, Rate or Specialty)

Type of School	Name and Location of School	Number of Semester Hours Completed	Graduated?		Type of Diploma or Degree	Major Field of Study
			Yes	No		
HIGH SCHOOL OR G.E.D.	_____	_____	_____	_____	_____	_____
COLLEGE, UNIVERSITY, TECHNICAL OR VOCATIONAL	_____	_____	_____	_____	_____	_____

Current licenses/registrations (Indicate types and dates received): \_\_\_\_\_

Fill out only if applying for a position which requires a drivers license.

Driver's License: No. \_\_\_\_\_ State \_\_\_\_\_

Any Driving restrictions \_\_\_\_\_

LIST ANY MOVING VIOLATIONS IN THE PAST FIVE YEARS: \_\_\_\_\_

Special Skills/Qualifications, list all special skills you possess and machines or office equipment you can use: \_\_\_\_\_

**EMPLOYMENT RECORD:** Please indicate previous employment. Start with present or most recent position, including military service. Use additional sheets if necessary.

<b>Employer:</b> Mailing Address: City and State:				Type of Business		Full Time <input type="checkbox"/>	
				Business Phone No.		Part Time <input type="checkbox"/>	
						Seasonal <input type="checkbox"/>	
Starting Date Mo.   Yr.		Leaving Date Mo.   Yr.		Starting Base Salary	Ending Base Salary	Starting Position Title	
						Present or Last Title	
Immediate Supervisor's Name:				Briefly describe your duties and responsibilities:			
Explain reason for leaving:							
<b>Employer:</b> Mailing Address: City and State:				Type of Business		Full Time <input type="checkbox"/>	
				Business Phone No.		Part Time <input type="checkbox"/>	
						Seasonal <input type="checkbox"/>	
Starting Date Mo.   Yr.		Leaving Date Mo.   Yr.		Starting Base Salary	Ending Base Salary	Starting Position Title	
						Present or Last Title	
Immediate Supervisor's Name:				Briefly describe your duties and responsibilities:			
Explain reason for leaving:							
<b>Employer:</b> Mailing Address: City and State:				Type of Business		Full Time <input type="checkbox"/>	
				Business Phone No.		Part Time <input type="checkbox"/>	
						Seasonal <input type="checkbox"/>	
Starting Date Mo.   Yr.		Leaving Date Mo.   Yr.		Starting Base Salary	Ending Base Salary	Starting Position Title	
						Present or Last Title	
Immediate Supervisor's Name:				Briefly describe your duties and responsibilities:			
Explain reason for leaving:							

Who were you referred by? \_\_\_\_\_

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I hereby certify that the following statements, as well as those on any attachment(s) to this form, to the best of my knowledge are true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment. I authorize you to communicate with all my former employers, schools, officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that I must successfully pass a pre-employment and drug testing prior to my employment. If I willingly terminate employment within six months of employment with Creative Surfaces Inc. I will reimburse the Company for all expenses incurred for my pre-employment or drug screen testing.

I understand that, as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for continuation of salary, wages or employment related benefits.

**YOU MAY CONTACT**

Present Employer      Yes       No   
 Former Employer      Yes       No

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