

# Application for Employment



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employee Agency  
 Walk-in  Private Employee Agency  Other \_\_\_\_\_

Name of source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
Street City State Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Pager/Other Phone # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_:\_\_\_\_\_ AM  
PM

May we contact you at work? .....  YES  NO

If yes, work number and best time to call ..... (\_\_\_\_) \_\_\_\_\_:\_\_\_\_\_ AM  
PM

If you are under 18 and it is required, can you furnish a work permit? .....  YES  NO

If no, please explain \_\_\_\_\_

Are you legally eligible for employment in this country?.....  YES  NO

Date eligible for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range?.....\$ \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Will you relocate if job requires it? .....  YES  NO Will you travel if job requires it?.....  YES  NO

Are you able to meet the attendance requirements of the position?.....  YES  NO

Will you work overtime if required?.....  YES  NO

If no, please explain \_\_\_\_\_

Have you ever been bonded? .....  YES  NO

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? .....  YES  NO

If yes, please provide date(s) and details \_\_\_\_\_

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

# Application for Employment



## Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone ( )	Dates Employed		Summarize the type of work performed and job responsibilities
		To	From	
Starting Job Title / Final Job Title				
Immediate Supervisor & Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

Employer	Telephone ( )	Dates Employed		Summarize the type of work performed and job responsibilities
		To	From	
Starting Job Title / Final Job Title				
Immediate Supervisor & Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

Employer	Telephone ( )	Dates Employed		Summarize the type of work performed and job responsibilities
		To	From	
Starting Job Title / Final Job Title				
Immediate Supervisor & Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

Employer	Telephone ( )	Dates Employed		Summarize the type of work performed and job responsibilities
		To	From	
Starting Job Title / Final Job Title				
Immediate Supervisor & Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

**Comments** including explanation of any gaps in employment \_\_\_\_\_

---



---



---

# Application for Employment



## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Educational Background (if job related)

**A.** List the last three (3) schools attended, starting with the most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any.

A. School	B. Number of Years Completed	C. Degree or Diploma

## References

List name and telephone number for three (3) business/work references *not* related to you and are *not* previous supervisors. If not applicable, list three (3) school or personal references *not* related to you.

Name	Telephone	Number of years known
	( )	
	( )	
	( )	

## Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

Organization	Offices Held

List additional information you would like us to consider \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Application for Employment



## Applicant Statement

I certify that the information contained in this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I authorize a thorough investigation of my past employment, education and activities. I agree to cooperate in such investigation and release from all liability or responsibility all persons and/or entities requesting or supplying information from any damages that may result. I authorize Cannon IV, Inc. to request and receive such information.

I understand that employment with Cannon IV is at-will, which means that I may terminate the employment relationship at any time and for any reason, with or without notice, and that Cannon IV has the same right. I understand that no one has the authority to alter in any way the at-will nature of employment, except for a written and notarized agreement signed by the chief executive officer of Cannon IV.

If employed, I agree to conform to the rules and regulations of Cannon IV and I acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to by Cannon IV at any time at the organization's sole option and without any prior notice.

I understand that an offer of employment is contingent upon satisfactory completion / result of the following: a post-offer medical examination (including lab work, drug screening, and DOT physical requirements if driving on company time is required); a reference, background and criminal history check; integrity and/or skills testing; proof of legal authority to work in the United States under federal immigration laws; and completion of the introductory period.

I acknowledge being advised that this application will remain active for no more than 30 days from the date it was made. Submission of this application neither automatically results in an employment interview nor a job offer.

Cannon IV is an Equal Opportunity Employer.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_