



EMPLOYMENT APPLICATION

1. PERSONAL INFORMATION AND WORK DESIRED: please complete all sections

Full Name:	Home Telephone # (with area code):	Work Telephone # (with area code):	Social Security Number: - -
Address:	List the job(s) for which you're applying:	Are you now working? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, where	Minimum hourly wage required: \$
	How did you learn about our company and this job? <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> A Friend <input type="checkbox"/> A Current Employee If FRIEND or CURRENT EMPLOYEE is checked please list their name: If the preceding reasons are inadequate then please tell us how you learned about us and this job?		
When are you available to begin work?			

2. QUALIFICATIONS: Describe your skills and qualifications: _____

3. MEDICAL CONDITIONS THAT LIMIT YOUR ABILITY TO WORK: Do you have any medical conditions that would prevent or limit your work for us? NO YES: describe below

4. EDUCATION: In this section below please list all schools which you've attended:

Name(s) of School(s)	Date(s) Attended	Course(s) Completed	Certificate, Degree or Diploma earned

5. CRIMINAL RECORD:

Have you ever been convicted of a crime other than a traffic violation? NO YES: explain below:

6. EMPLOYMENT HISTORY:

Please list your three (3) most recent jobs starting with either the most recent or your current job. Please complete all sections and provide all information even if the information is also on your resume.

Employer Name, Address and Telephone Number: <input type="checkbox"/> If checked: please do not contact this, my current employer, as I'm still working for this company and have not yet let them know that I will be leaving.	EMPLOYED		WAGES	
	FROM	TO	AT START	AT END OR CURRENTLY
Describe your duties:				
Reason for leaving or reason for wanting to leave (if still employed):				
Employer name, Address and Telephone Number:	EMPLOYED		WAGES	
	FROM	TO	AT START	AT END
Describe your duties:				
Reason for leaving:				
Employer name, Address and Telephone Number:	EMPLOYED		WAGES	
	FROM	TO	AT START	AT END
Describe your duties:				
Reason for leaving:				

7. OTHER INFORMATION: Please list any additional information that you feel might help us when we make our decision whether or not to hire you:

8. APPLICANT AFFIRMATION AND SIGNATURE AREA: Please read the following statements and sign where indicated affirming that you understand and agree with and agree to these statements:

I agree and swear:

- 1) to follow and comply with the policies, rules, regulations and procedures of CBM;
- 2) to submit to any pre-employment drug & alcohol test, any drug & alcohol test administered after I'm employed & a pre-employment background check;
- 3) that the information contained in this Employment Application is true and accurate;

I understand:

- 1) that if I'm employed by CBM any information that I've provided which is false or any information which I've omitted from this Employment Application may be considered to be sufficient grounds for my dismissal;
- 2) that only the president of CBM may enter into an Employment Contract/Agreement which specifies the length of my employment or which modifies or changes CBM policy, rules regulations and/or procedures;
- 3) that all applicants are required to complete an assessment of their skills and abilities;
- 4) that either CBM or I may terminate our relationship at will, without notice or cause, and for any reason;
- 5) that CBM's policies, rules, regulations & procedures DON'T constitute and Employment Contract/Agreement with me;
- 6) that CBM may seek employment and character references from all former employees and all references I've provided;

I understand that if I am hired I will be required to sign and agree to an Employment Agreement containing Non-Compete, Non-Disclosure & Non-Solicitation covenants.

Applicant's Signature _____ Date _____