



Application for Employment

Position(s) applied for _____		Date of application _____	
Name _____			
LAST	FIRST	MIDDLE	
Address _____			
STREET	CITY	STATE	ZIP CODE
Telephone No. (____) _____		E-mail Address _____	

If you are under 18, and it is required, can you furnish a work permit? Yes No

Have you ever been employed here before? If yes, give the dates and positions. Yes No

Have you ever been convicted of a felony? Yes No

If yes, state offense, date, location, and disposition of the case below:

Date available for work _____

Type of employment desired Full-Time Part-Time Temporary Seasonal

Valid Driver's License number _____ State _____

Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM _____	TO _____	EMPLOYER _____	TELEPHONE # ()
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? [] YES [] NO [] LATER			
REASON FOR LEAVING			
FROM _____	TO _____	EMPLOYER _____	TELEPHONE # ()
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? [] YES [] NO [] LATER			
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REASON FOR LEAVING			

Skills and Qualifications

Summarize any 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)

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

References (give the names of 3 persons not related, whom you have known at least one year)

NAME	TELEPHONE #	NUMBER OF YEARS KNOWN

Applicant Statement

I certify that all information I have provided in connection with this application for employment is true, complete and correct. I understand that should any such information be found to be false or incomplete in any respect, CARD may (I) deny my application without further consideration or (II) immediately discharge me.

I hereby authorize CARD in connection with this employment application or any subsequent employment actions (e.g., reassignment, retention or promotion) to investigate me and my background, including obtaining criminal background reports, motor vehicle driving records, reference checks, and verification of education or past employment. I agree to be fingerprinted, to submit to a complete medical exam, and furnish such other information as may reasonably be necessary in connection with my application for employment.

AN EQUAL OPPORTUNITY EMPLOYER

Signature of Applicant: _____ Date: _____