

Creative Management Staffing Services Application Form
Applicants My Be Tested For Illegal Drugs

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

How Long Live: _____ If under 18, list age: _____

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Employment desired:

Full Time Part Time F/P Time

How hours a wk: _____ Work nights?: _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Driver's License

Driver Licenser: _____ State: _____

Expiration Date: _____

Operator CDL Chauffeur

What is your means of Transport: _____

Any accidents in past 3yrs: _____

Any moving violations past 3yrs _____

Disclaimer and Signature

In exchange for the consideration of my job application by CMSS (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 practice, shall serve to create an actual or implied contract of employment, or to confer any right to remain employee of CMSS, or otherwise to change in any respect the employment- at- will relationship between it and the understanding, and the relationship cannot be altered except by written instrument signed by the President / General Manager of the company. Both the undersigned and CMSS 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 misrepresentation or omission of facts called for is cause for dismissal at any time without 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 (1) the company has a drug and alcohol policy that provides for pre- employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on a successful passing of testing under such policy. I further understand that continued employment may be based on successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the company may request from a consumer report 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 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 therefore, my employment relation with the company is terminable at will for any reason by either party

Signature: _____ Date: _____

This company is an equal employment 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 appointment with this company depends solely on your qualifications