

WORK EXPERIENCE

Give your full employment record - start with your current or most recent employment: (We will assume we have your permission to contact these firms unless you indicate to the contrary below.)

NAME AND ADDRESS OF PREVIOUS EMPLOYER	PERIOD OF EMPLOYMENT (Month - Year)	COMPLETE THE FOLLOWING	REASON FOR LEAVING
Company	From	Kind of Business	Reason
Address	To	Position	
City	(AC) Phone	Supervisor's Name	

Company	From	Kind of Business	Reason
Address	To	Position	
City	(AC) Phone	Supervisor's Name	

Company	From	Kind of Business	Reason
Address	To	Position	
City	(AC) Phone	Supervisor's Name	

Company	From	Kind of Business	Reason
Address	To	Position	
City	(AC) Phone	Supervisor's Name	

Company	From	Kind of Business	Reason
Address	To	Position	
City	(AC) Phone	Supervisor's Name	

NOTE: Please indicate which employers listed above you do not wish us to contact.

Employer _____ Reason _____

Employer _____ Reason _____

MILITARY INFORMATION

Did you serve in the U. S. Armed Forces? If yes, which Branch? _____

Describe any training received relevant to the position for which you are applying. Did you receive an honorable discharge? Yes___ No___

ADDITIONAL INFORMATION

Do you belong to any professional, trade, business or civic organizations relevant to the position for which you are applying? Yes___ No___ If yes, please list below:

Professional Registration/License: Type _____

License No. _____

Renewal No. _____

Renewal Date _____

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose and release them from any and all liabilities, claims or damages that may directly or indirectly result from the use or disclosure of such information by any person or party.

This application is not an employment agreement. If I accept an offer of employment, I understand that my employment is at will which means I may resign or the employer may terminate my employment at any time, with or without cause and with or without prior notice. I understand that no one, other than an executive officer of the employer, has authority to enter in any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENT.

Signature

Date

PERSONAL REFERENCES (Give three individuals - not relatives or employers)

Name _____ Occupation _____
Full address (including Street, City, & Zip)
Street _____ City _____
State _____ Zip _____ Telephone No. _____

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Full address (including Street, City, & Zip)
Street _____ City _____
State _____ Zip _____ Telephone No. _____

Name _____ Occupation _____
Full address (including Street, City, & Zip)
Street _____ City _____
State _____ Zip _____ Telephone No. _____

CMPM Office Use Only:

Office of Employment: _____

Position: _____

Starting Salary: _____

Starting Date: _____