



Application for Employment

Office Use Only	Date:
	Reviewed By:

Position You Are Applying For: _____ Desired Salary: _____
 Date Available for Work: _____ Who Referred: _____
 Employment Desired: Full-Time Part-Time How many hrs/ week can you work? _____
 Are You Over the Age of 18? Yes No

PERSONAL INFORMATION

 Last Name First Name Middle

 Address City State Zip

Home Phone: _____ Cell: _____ Email Address: _____

Social Security Number: _____

Are you a U.S. Citizen? Yes No

If the answer is "No", are you currently authorized to work in the United States? Yes No

If "Yes", can you provide proof of your eligibility to work? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been, or are you currently in the Armed Force Yes No

Service Branch: _____ Specialty: _____

Date Entered: _____ Date of Seperation: _____

Discharge Type: Honorable General – Under Honorable Conditions

Other Explain: _____

EDUCATION

School Name	Location	Years Attended	Degree or Major

REFERENCES

Name	Company & Title	Email Address	Phone

EMPLOYMENT

Employer: _____ Dates Employed: _____ to _____

Work Phone: _____ Pay Rate: _____ Hour Month Year

Address: _____

City: _____ State: _____ Zip: _____

Position: _____

Duties Performed: _____

Supervisors Name and Title: _____

Reason for Leaving: _____

May we contact them? Yes No

EMPLOYMENT			
Employer:	_____	Dates Employed:	_____ to _____
Work Phone:	_____	Pay Rate:	_____ Hour Month Year
Address:	_____		
City:	_____	State:	_____ Zip: _____
Position:	_____		
Duties Performed:	_____		
Supervisors Name and Title:	_____		
Reason for Leaving:	_____		
May we contact them?	Yes	No	

EMPLOYMENT			
Employer:	_____	Dates Employed:	_____ to _____
Work Phone:	_____	Pay Rate:	_____ Hour Month Year
Address:	_____		
City:	_____	State:	_____ Zip: _____
Position:	_____		
Duties Performed:	_____		
Supervisors Name and Title:	_____		
Reason for Leaving:	_____		
May we contact them?	Yes	No	

PLEASE READ CAREFULLY	
APPLICATION FORM WAIVER	
As indication that you have read and understood each sentence, please write your initials in the spaces provided below.	
<u>Pre-Employment Drug Testing</u>	
_____ (Initial)	- I understand that any offer of employment may be contingent upon satisfactory drug testing. I understand that my application may be rejected if I decline to sign this consent or take any required drug tests.
<u>Background & Reference Check</u>	
_____ (Initial)	- I understand that in the routine processing of my employment application, Comgraphx may request an investigative consumer report from a consumer reporting agency including information as to my credit records, character, general reputation, personal characteristics, and mode of living, as well as a reference check based on the information I have provided.
_____ (Initial)	- Upon written request from me, Comgraphx will provide me with additional information concerning the nature and scope of any such report it has requested, as required by the Fair Credit Reporting Act.
I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Comgraphx from all liability for any damage that may result from utilization of such information.	
I also understand and agree that no representative of Comgraphx has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.	
Signature of Applicant:	_____ Date: _____
Comgraphx is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, veterans, age or disability. We assure you that your opportunity for employment with Comgraphx depends solely on your qualifications.	
Thank you for completing this application form and for your interest in our business.	