

# APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Home Phone:** ( ) \_\_\_\_\_ **Cell/Other Phone:** ( ) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Position(s) Applying For:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Referral Source:** (Please check the appropriate category and name the source of who referred you for application/employment)

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-In _____               | <input type="checkbox"/> School _____                       |
| <input type="checkbox"/> Employee _____              | <input type="checkbox"/> Job Fair _____                     |
| <input type="checkbox"/> Advertisement _____         | <input type="checkbox"/> Staffing Agency _____              |
| <input type="checkbox"/> Company's Website _____     | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> CareerBuilder _____         | <input type="checkbox"/> Employment Classified Ad _____     |
| <input type="checkbox"/> Other Internet Source _____ | <input type="checkbox"/> Other _____                        |

If necessary, the best time to call you at home is \_\_\_\_\_ ☐ AM ☐ PM

May we contact you at current employer? ☐ Yes ☐ No

If yes, work number and best time to call? Work Phone: ( ) \_\_\_\_\_ Time \_\_\_\_\_ ☐ AM ☐ PM

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

If no, please explain \_\_\_\_\_

Have you submitted an application here before? ☐ Yes ☐ No

If yes, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before? ☐ Yes ☐ No

If yes, give date(s) and position(s) \_\_\_\_\_

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work \_\_\_\_\_ What is your desired salary range or hourly rate of pay? \$ \_\_\_\_\_

- Type of employment desired
- |   |   |
|---|---|
| <input type="checkbox"/> Full-Time w/ Benefits (40 hrs/wk)    | <input type="checkbox"/> Part-Time w/ Benefits (30-39 hrs/wk) |
| <input type="checkbox"/> Part-Time w/o Benefits (1-29 hrs/wk) | <input type="checkbox"/> PRN (work as needed)                 |
| <input type="checkbox"/> Temporary                            | <input type="checkbox"/> Other _____                          |

Will you relocate if job requires it? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No

Will you work overtime, if required? ☐ Yes ☐ No

If no, please explain \_\_\_\_\_

If they have been explained to you, are you able to meet the attendance requirements of the position? ☐ N/A ☐ Yes ☐ No

If they have been explained to you, are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodations)? ☐ N/A ☐ Yes ☐ No

Driver's license number required if driving may be required in the job for which you are applying: License # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? ☐ N/A ☐ Yes ☐ No

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No

If yes, give date(s) and details \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

**EMPLOYMENT HISTORY:** Starting with your most recent employer, provide the following information in as much detail as possible.

Employer:	Phone #: (     )	Dates Employed:	Month/Year From:	Month/Year To:
Street Address	City/State			
Starting Job Title	Final Job Title	Starting Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	Per
Immediate Supervisor Name & Title	May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Ending Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	Per
Why did you leave:		Other Compensation	\$	
Summarize the type of work performed & job responsibilities				

---

Employer:	Phone #: (     )	Dates Employed:	Month/Year From:	Month/Year To:
Street Address	City/State			
Starting Job Title	Final Job Title	Starting Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	Per
Immediate Supervisor Name & Title	May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Ending Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	Per
Why did you leave:		Other Compensation	\$	
Summarize the type of work performed & job responsibilities				

---

Employer:	Phone #: (     )	Dates Employed:	Month/Year From:	Month/Year To:
Street Address	City/State			
Starting Job Title	Final Job Title	Starting Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	Per
Immediate Supervisor Name & Title	May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Ending Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	Per
Why did you leave:		Other Compensation	\$	
Summarize the type of work performed & job responsibilities				

**EMPLOYMENT HISTORY:** (continued)

Please explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

---



---



---



---

If not addressed on previous page, have you ever been fired or asked to resign from a job: ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

---



---

**SKILLS AND QUALIFICATIONS:**

Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying. \_\_\_\_\_

---



---



---

Computer Skills (check appropriate boxes, including software titles and years of experience):

<input type="checkbox"/> Microsoft Word _____ Years _____	<input type="checkbox"/> Internet _____ Years _____
<input type="checkbox"/> Microsoft Excel _____ Years _____	<input type="checkbox"/> Intranet _____ Years _____
<input type="checkbox"/> Microsoft Outlook _____ Years _____	<input type="checkbox"/> Microsoft PowerPoint _____ Years _____
<input type="checkbox"/> Electronic Medical Record _____ Years _____	<input type="checkbox"/> Scanning _____ Years _____
<input type="checkbox"/> Other _____ Years _____	<input type="checkbox"/> Other _____ Years _____
<input type="checkbox"/> Words Per Minute _____ Years _____	<input type="checkbox"/>

**EDUCATIONAL BACKGROUND:** Starting with your most recent school attended, provide the following information.

Name of School, City, State	Number of Years Completed	Completed	GPA	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**PERSONAL REFERENCES:** List names and telephone numbers of three personal references with at least one (1) person who has known you for *at least five (5) years*.

Name of Reference	Relationship to You	Phone Number	Number Years Known
		(     )	
		(     )	
		(     )	

**PROFESSIONAL REFERENCES:** List names and telephone numbers of three professional (business, school or work-related) references who are *not related* to you.

Name of Reference	Title	Relationship to You	Phone Number	Number Years Known
			(     )	
			(     )	
			(     )	

**RELATED INFORMATION:** To what job-related organizations (professional, trade, etc) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

---



---

Is there any other job-related information you want us to know about you? \_\_\_\_\_

---



---



---

**APPLICANT STATEMENT – PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE YOU SIGN & RETURN THE APPLICATION:**

I certify that all information I have provided in order to apply for and secure work with Cumberland Heights is true, complete and correct.

I expressly authorize without reservation the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Cumberland Heights does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal laws.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Cumberland Heights and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that Cumberland Heights will require a drug screening test as a part of the selection and hiring process, and that such screening will consist of a urine drug and alcohol screen or other medically recognized test(s) designed to detect traceable amounts of a controlled substance in my body. If detectable amounts are found, a second approved test will be performed on the same specimen. If the results of the second test are also positive, I will be disqualified from any further consideration for a period of one (1) year. I hereby give my consent to Cumberland Heights to administer these screening procedures. If employed, I agree to submit to further drug screening, if requested of me at any time during my employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Cumberland Heights reserves the right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Cumberland Heights is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's executive officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form.

Cumberland Heights does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purposes of limiting or excluding an applicant from consideration for employment on the basis of his or her gender, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state and local law. Cumberland Heights likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, co-worker, subordinate, or non-employee (such as a vendor or customer). Cumberland Heights takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employee or may result in my immediate discharge from Cumberland Heights' service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_