



Employment Application

C-K Associates, LLC is an equal opportunity employer and does not discriminate against qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL

Name _____ Date ____/____/____

Address _____

Phone _____

Position Sought _____ Full Time Part Time

Date Available ____/____/____ Salary Desired _____

Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility.)

Are you legally eligible to work for any employer in the United States? Yes No

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: Yes No **G.E.D.:** Yes No

School(s) _____ City/State _____

College and/or Vocational School: Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License/Membership _____

Organization Name: _____

License Number _____ License Expiration Date ____/____/____

Type of License/Membership _____

Organization Name: _____

License Number _____ License Expiration Date ____/____/____

Type of License/Membership _____

Organization Name: _____

License Number _____ License Expiration Date ____/____/____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.)

EMPLOYMENT: Please list last five years of employment, including U.S. Military Service.

May we contact your present employer? Yes No

If any employment was under a different name, indicate name _____

Employer _____ Telephone _____

Position/Title _____

Dates of Employment: From _____ To _____

Supervisor _____

Duties _____

Reason for Leaving _____

Employer _____ Telephone _____

Position/Title _____

Dates of Employment: From _____ To _____

Supervisor _____

Duties _____

Reason for Leaving _____

Employer _____ Telephone _____

Position/Title _____

Dates of Employment: From _____ To _____

Supervisor _____

Duties _____

Reason for Leaving _____

Employer _____ Telephone _____

Position/Title _____

Dates of Employment: From _____ To _____

Supervisor _____

Duties _____

Reason for Leaving _____

-If you wish to describe additional work experience, please attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain: _____

REFERENCES:

Professional

Name _____

Address _____

Phone (____) _____

Fax (____) _____

Name _____

Address _____

Phone (____) _____

Fax (____) _____

Name _____

Address _____

Phone (____) _____

Fax (____) _____

Personal

Name _____

Address _____

Phone (____) _____

Fax (____) _____

Name _____

Address _____

Phone (____) _____

Fax (____) _____

Name _____

Address _____

Phone (____) _____

Fax (____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize C-K Associates, LLC (C-K Associates) to verify their accuracy and to obtain reference information on my work performance. I hereby release C-K Associates from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However,

I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____

Print Name _____

Referral Source:

- | | | |
|---|--|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> State Employment Office | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Advertisement-Source _____ | | <input type="checkbox"/> Other _____ |