

CMS CIRCUIT SOLUTIONS, INC.

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunities and will not unlawfully consider any factors of race, religion, age, creed, national origin, gender, disability veteran or military status, genetic information or any and all other unlawful biases regarding federal, state or local laws with regard to workers or applicants.

TO BE CONSIDERED FOR EMPLOYMENT, ALL APPLICANTS MUST FILL OUT THIS FORM COMPLETELY. THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED BY OUR COMPANY. THIS FORM BECOMES A PART OF YOUR EMPLOYMENT RECORD IF YOU ARE HIRED. THIS APPLICATION IS ONLY VALID FOR 30 DAYS.

Today's Date _____

PERSONAL INFORMATION

Name (including first, middle and last names):	Home Phone:
Present Address (including city, state, zip):	
Alternate/Cell Phone Number:	E-Mail Address:
Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If under 18, hire is subject to verification that you are of minimum legal age.</i>	
Have you worked or do you have work experience or education under a different name? If so, please list (including first, middle and last names):	
If hired, can you present evidence that you have the legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please describe the functions that cannot be performed. <i>Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions.</i>	
How were you referred to us? Please check one <input type="checkbox"/> Internet Ad/ Website <input type="checkbox"/> Walk In <input type="checkbox"/> Other	

WORK INTEREST

Position applied for:	Type of employment: ___ Full time ___ Part time Other _____	Shift preferred:	Minimum salary desired:	Date Available to Start Work:
Have you ever filed an application with our company before? <input type="checkbox"/> YES <input type="checkbox"/> NO			When?	Where?
Have you ever been interviewed by our company before? ___ yes ___ no			When?	Where?
Shift & hours you can work: 1 st shift _____ 2 nd shift _____ 3 rd shift _____				
Would you accept part time work? <input type="checkbox"/> YES <input type="checkbox"/> NO			Would you accept temporary work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please indicate the hours you would be willing to work whenever scheduled or requested: Overtime <input type="checkbox"/> YES <input type="checkbox"/> NO Weekends <input type="checkbox"/> YES <input type="checkbox"/> NO Holidays <input type="checkbox"/> YES <input type="checkbox"/> NO Rotation <input type="checkbox"/> YES <input type="checkbox"/> NO				
Briefly state your reasons for interest in employment with our company:				
If the position requires driving on behalf of the company, are you willing, and do you have a valid drivers' license? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you have any relatives currently working for the company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list their name and department.				

CMS CIRCUIT SOLUTIONS, INC.

List the names of employers in starting with your most recent employer. The last seven years employment history is sufficient. Account for all periods, including military services. If self-employed, give firm name and supply additional references. **PLEASE GIVE BOTH MONTH AND YEAR.**

Are you currently employed? ? <input type="checkbox"/> YES <input type="checkbox"/> NO	May we inquire of your current employer? ? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

WORK HISTORY

Name of Employer:		Dates Employed:		
Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone	Your Title:	Pay:	Starting:	
		\$		
Nature of Business:		Ending:		
		\$		
Name/Title of Supervisor:		Reason for Leaving:		
Duties:				
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Name of Employer:		Dates Employed:		
Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone	Your Title:	Pay:	Starting:	
		\$		
Nature of Business:		Ending:		
		\$		
Name/Title of Supervisor:		Reason for Leaving:		
Duties:				
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Name of Employer:		Dates Employed:		
Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone	Your Title:	Pay:	Starting:	
		\$		
Nature of Business:		Ending:		
		\$		
Name/Title of Supervisor:		Reason for Leaving:		
Duties:				
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Please explain all periods of unemployment: _____

CMS CIRCUIT SOLUTIONS, INC.

MILITARY

Have you obtained any special skills or abilities as the result of service in the military? Yes No
 If yes, please explain _____

EDUCATION

List All Schools Attended	Name & Address of School	No. of Years	Graduated?	Degree or Type of Diploma	Major Course of Study
High School					
College/University					
College/University					
Graduate School					
Business/Technical					

List any other education or training experience you feel we should consider for the position you are applying for?

List languages which you speak proficiently:

List languages which you read proficiently:

CERTIFICATIONS/LICENSES

Please complete this section if required for the job position you are applying.

Type	Agency or State Issued	Date Issued	Number

BUSINESS REFERENCES-

List three references who are not relatives or personal friends that you have worked with either as a co-worker, supervisor or business associate currently or in the last seven years.

Name	Address	Phone	Occupation

CMS CIRCUIT SOLUTIONS, INC.

SPECIAL SKILLS

OFFICE	Typing wpm:	Shorthand wpm:	Speed writing wpm:
Data entry: ___ yes ___ no	10-Key: ___ yes ___ no	Calculator: ___ yes ___ no	Fax: ___ yes ___ no
COMPUTER	Hardware:	Software:	Other Computer Training:
Please specify any other additional skills that should be considered for the job position you are applying for:			

ADDITIONAL TERMS AND CONDITIONS OF EMPLOYMENT

READ THIS SECTION PRIOR TO PROVIDING YOUR INITIALS AND SIGNATURE BELOW

Initials:

_____ I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

_____ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release **the Company** my former employers, schools, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure

N/A I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties as well as any time throughout my employment according to company policy.

_____ I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.

_____ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

_____ I also understand that a background check by a third party and credit check (as allowed by State law) may be required as well. The Company will adhere to all regulations in accordance with the Fair Credit Reporting Act (FCRA) prior to running such checks. Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by **the Company** I am entitled to copies of any such public records obtained by **the Company** unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

- I waive receipt of a copy of any public record described in the paragraph above.

I have read and understand the foregoing and I agree unconditionally to the foregoing.

Signature: _____

Date: _____

Printed Name: _____