



Application for Employment

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

- Do not change the format or layout of this form.
- Print neatly in ink or type.
- Answer all questions completely.
- Complete and include all supplemental forms.
- Read all information/disclaimer on this application.
- Sign this application and all other forms.
- If you have any questions or problems, please request assistance.

PERSONAL DATA

Name: _____ Social Security #: _____
 Last First Middle

Address: _____
 Street Apt# City State Zip Code

Telephone # Home: _____ Cell: _____

Email Address(es): _____

Position Applied For: _____

Referral Source: CHRC Website Relative/Friend _____ Internet Job Site: _____
 Walk-in/Call-in Unemployment Office Other: _____

Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe: _____

Date available for work: _____ Salary Requirements: _____

Are you legally eligible for employment in the United States? ----- Yes No

Are you 18 years of age or older? Yes No If under 18, do you have a HS Diploma or GED? Yes No

Please list other names you have used: _____

Have you ever been employed by CHRC before? Yes No If yes, give client, position & dates:
From _____ To _____

Type of employment desired: ----- Contract Direct Full-time Part-time

Will you travel if the job requires it? ----- Yes No

Are you able to meet the attendance requirements of this position? ----- Yes No

Will you work overtime if required? Yes No If no, please explain: _____

Are you available to work any shift? Yes No If no, please give preference: _____

"Crime" as used in this section means any and all felonies, misdemeanors and serious driving offenses, including, but not limited to, driving while under the influence of intoxicating liquor or drugs, extreme DUI, reckless driving, aggressive driving, racing/exhibition of speed, leaving the scene of an accident, driving on a suspended, revoked or refused license, or any other driving offense that is a misdemeanor, or for which the possible penalty includes jail time. "Crime" does not include minor (civil) traffic offenses. If you are not sure how to answer this question, please ask for assistance.

"Convicted" means that you have pled guilty or no contest to a crime and/or have been sentenced for a crime whether incarcerated, placed on probation, fined or receiving a suspended sentence.

Q: Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged, in any domestic, foreign or military court? Answer by writing "Yes" or "No": _____

Q: Are there any pending charges, trial or other court proceeding for any crime at this time? Answer by writing "Yes" or "No": _____

If you answer "yes" to either or both of these questions, please give us the details of the offense(s) for which conviction (or trial pending), date(s) of conviction(s) and jurisdiction(s) (court, city, county & state). If an offense(s) has been set aside or expunged, please give date(s).

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, nature of violation and position applied for will be taken into consideration.

Driver's license number if driving is an essential job function: _____ State: _____

Printed Name: _____

EDUCATION

High School Diploma: Yes No OR G.E.D.: Yes No If no, indicate highest level completed: _____

Name of High School/Institution (Diploma/GED): _____ Location (City, State): _____

College/University Location (City, State)	Major	Credit Hours*	Degree**

* You may include credit hours that you will receive by the end of the current semester.
** If applicable to job, proof of degree from College/University will be required upon hire.

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Special Training/Skills - Institution - Business - Tech - Other	Course of Study	Diploma / Hrs. Completed / Date

List License (date & #), professional registrations (date), certificates, professional memberships and offices held: _____

List Honors, Awards, Fellowship, Special Accomplishments, Publications, etc: _____

SKILLS OVERVIEW

List computer software with which you are familiar: _____

Fluent in a language other than English: Yes No If yes, Language: _____
Speak: Yes No Read: Yes No Write: Yes No

Summarize relevant skills, abilities and experience that show your qualifications for the above position: _____

PROFESSIONAL REFERENCES

List name and telephone number of three (3) professional (business/work) references who are NOT related to you.

Name	Title/Profession	Telephone	Email Address	Number of Years Known
		()		
		()		
		()		

Printed Name: _____

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Current or most recent employer:		Phone: ()	
Address:		City:	State:
		Zip:	
Starting Job Title / Final Job Title:		Did you take a DOT Drug Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates	From:	To:	
Supervisor's Name/Title:			
Starting Salary:		Present/Ending Salary:	Hours per week:
Work Performed:			
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:		Phone: ()	
Address:		City:	State:
		Zip:	
Starting Job Title / Final Job Title:		Did you take a DOT Drug Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates	From:	To:	
Supervisor's Name/Title:			
Starting Salary:		Ending Salary:	Hours per week:
Work Performed:			
Reason for Leaving:			
Employer:		Phone: ()	
Address:		City:	State:
		Zip:	
Starting Job Title / Final Job Title:		Did you take a DOT Drug Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates	From:	To:	
Supervisor's Name/Title:			
Starting Salary:		Ending Salary:	Hours per week:
Work Performed:			
Reason for Leaving:			

Printed Name: _____

EMPLOYMENT HISTORY – (Continued)

Employer:		Phone: ()	
Address:		City:	State: Zip:
Starting Job Title / Final Job Title:		Did you take a DOT Drug Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates	From:	To:	
Supervisor's Name/Title:			
Starting Salary:		Ending Salary:	Hours per week:
Work Performed:			
Reason for Leaving:			
Employer:		Phone: ()	
Address:		City:	State: Zip:
Starting Job Title / Final Job Title:		Did you take a DOT Drug Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates	From:	To:	
Supervisor's Name/Title:			
Starting Salary:		Ending Salary:	Hours per week:
Work Performed:			
Reason for Leaving:			
Employer:		Phone: ()	
Address:		City:	State: Zip:
Starting Job Title / Final Job Title:		Did you take a DOT Drug Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates	From:	To:	
Supervisor's Name/Title:			
Starting Salary:		Ending Salary:	Hours per week:
Work Performed:			
Reason for Leaving:			

Comments (including explanation of any gaps in employment): _____

OTHER ADDITIONAL INFORMATION

Why are you seeking a new position at this time?

Is there any other information you wish to add that you believe to be useful in evaluating you for this position?

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Creative Human Resources Concepts, LLC (CHRC) is true, complete and correct to the best of my knowledge.

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 (i) cancel further consideration of this application, or (ii) immediately discharge me from CHRC's service, whenever it is discovered.

I expressly authorize, without reservation, CHRC, its representatives, employees or agents to contact and obtain information from all 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 CHRC, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. If requested, I will take a post-job offer physical examination and my employment will be conditional upon passing such examination.

I understand that CHRC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I further understand that this is an application for employment and that no contract is being offered.

If I am hired, I understand that employment at CHRC, except as otherwise provided by law, is "at will" meaning that it may be terminated at any time by either party. 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 CHRC 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 CHRC's president.

I also understand that any job offer is contingent upon the successful completion of a pre-employment drug screen, pre-employment physical and background check which may include criminal, employment, education, professional references and motor vehicle, if applicable. If testing and/or background check results are satisfactory and placement is made. I also agree and understand that I may be placed on a random drug screen or future testing program.

If employed, I agree to provide proof of eligibility to work in the United States within 3 days of employment.

If employed, I agree to abide by all policies, regulations and guidelines established by CHRC and, if assigned to a client of CHRC, I also agree to abide by all policies, regulations and guidelines of the client.

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: _____