

# **EMPLOYMENT APPLICATION**

Pl	EASE PRINT OR TYPE		Today's Date					
	First Name	МІ	MI Last Na		Name P		Preferred Name/Nickname	
	Street Address	Apt # City		State		Zip Code		
	Home Phone	ate/Work Phone	Work Phone			Email Address		
PL	EASE PLACE A CHECK BY YOUR	RESPONS	SE OR PROVIDE	THE APPROPRI	ATE INF	ORMATION	N	
Ar	e you interested in:			Full Time	_	Part Time	Temporary	
W	hat schedule would you prefer?		Weekdays	Weekends		Evenings	Nights	
Но	ow did you hear about the position	?	Classified Ad	Friend (Nam	ne)			
De	esired Pay: Hourly Pay (Minimum, if applicat	ole)	\$	Annual Pay	\$ Minimu	m	\$ Desired	
W	hen are you able to start work?		Date:		-			
Po	osition desired:							
PLEASE CHECK YES OR NO TO THE FOLLOWING:								
Are you authorized to work in the United States? Yes No								
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, PCCM/Cedarkirk will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.								
Are	you under 18 years of age?				Yes	No		

**PCCM/Cedarkirk** is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, **PCCM/Cedarkirk** complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. **PCCM/Cedarkirk** also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

	onship:		M/Cedarkirk?		Yes No		
			ctions of the job for able accommodatio		Yes No		
EASE LIST YOU	R WORK EX	PERIENCE BE	LOW (MOST REC	ENT JOE	3 FIRST)		
	COMPANY NA	ME		YOUR POSITION and TITLE			
FROM /	NO. & STREET	<u> </u>		SUPER	SUPERVISOR'S NAME, TITLE and POSITION		
Month Year	CITY	STATE	ZIP CODE	SUPER	/ISOR'S TELEPHONE NUMBER		
	TYPE OF BUSI	INESS	STARTING PAY		FINAL PAY		
			\$		\$		
ТО	TELEPHONE N	NUMBER	TERMINATION		REASON		
Month / Year	( )		VOLUNTA				
	COMPANY NA	ME		YOUR P	OSITION and TITLE		
FROM  / Month Year	COMPANY NA				OSITION and TITLE  /ISOR'S NAME, TITLE and POSITION		
/			ZIP CODE	SUPER\			
/	NO. & STREET	STATE	ZIP CODE STARTING PAY	SUPER\	/ISOR'S NAME, TITLE and POSITION		
/	NO. & STREET	STATE		SUPER\	/ISOR'S NAME, TITLE and POSITION /ISOR'S TELEPHONE NUMBER		
/	NO. & STREET	STATE	STARTING PAY	SUPER\	/ISOR'S NAME, TITLE and POSITION /ISOR'S TELEPHONE NUMBER  FINAL PAY		
Month / Year  TO /	NO. & STREET CITY  TYPE OF BUSI	STATE	STARTING PAY	SUPERI	/ISOR'S NAME, TITLE and POSITION /ISOR'S TELEPHONE NUMBER  FINAL PAY \$		
Month / Year  TO /	NO. & STREET  CITY  TYPE OF BUSI  TELEPHONE N	STATE	\$ STARTING PAY \$ TERMINATION VOLUNTA	SUPERV	/ISOR'S NAME, TITLE and POSITION  /ISOR'S TELEPHONE NUMBER  FINAL PAY  \$  REASON		
Month / Year  TO /	NO. & STREET  CITY  TYPE OF BUSI  TELEPHONE N	STATE	\$ STARTING PAY \$ TERMINATION  VOLUNTA INVOLUNT	SUPERV	/ISOR'S NAME, TITLE and POSITION  /ISOR'S TELEPHONE NUMBER  FINAL PAY  \$  REASON		

### **ADDITIONAL INFORMATION:**

**UNEMPLOYMENT** ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM			TO			HOW DID YOU SPEND THIS TIME?
ММ	DD	YYYY	ММ	DD	YYYY	
FROM			TO			HOW DID YOU SPEND THIS TIME?
ММ	DD	YYYY	ММ	DD	YYYY	

### **EDUCATION:**

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

## **REFERENCES: Please list three professional references**

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

#### PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to PCCM/Cedarkirk for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate PCCM/Cedarkirk to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with PCCM/Cedarkirk in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between PCCM/Cedarkirk and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by PCCM/Cedarkirk to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. PCCM/Cedarkirk may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize PCCM/Cedarkirk and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize PCCM/Cedarkirk and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

SIGNED:	DATE:	
Signature of Applicant	Date	