



## 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 the Human Resources Department.

Name:  /  /  Date of Application:  /  /   
Last First MI mm dd yy

Address:  /  /  /   
Street City State Zip Code

Home Phone:  Cell Phone:  If necessary, the best time to call you is:   AM  CELL  PM  HOME

E-mail Address:  Position Applied For:

Referral Source (please check the category and list the source)

Walk-In:   Staffing Agency:

Employee:   Job Fair:

Internet:   Other:

Have you applied here before?  YES  NO Date(s):  Have you been employed here before?  YES  NO Date(s):

Are you legally eligible for employment in the United States?  YES  NO Are you willing to travel?  YES  NO Will you work overtime if required?  YES  NO Date Available for Work:  /  /

What is your desired salary range or hourly rate of pay? \$  Per:  Will you agree to submit to CMS performing a confidential background check?  YES  NO

Have you entered into an agreement with any former employer or other party (such as a non-compete agreement) that might, in any way, restrict your ability to work for our company?  YES  NO

Driver's license number required if driving may be required in the job for which you are applying:

Lic #:  State:  Expires:

Are you able to perform the "essential functions" of the job (with or without a reasonable accommodation)?  
*This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*

YES  NO  Need more information about the job's "essential functions" to respond.

### Skills & Qualifications

Summarize any special training, skills, and/or certificates:

**Computer Skills** (Check appropriate boxes - include software titles & years of experience)

Word Processing:  Years:   Presentation:  Years:

Spreadsheet:  Years:   E-Mail:  Years:

### Voluntary: Confidential (ADA Compliant) Affirmative Action Survey

*Choosing not to provide this information does not disqualify your application from consideration for employment.*

Are you a United States Military Veteran?  YES  NO Branch:  Rank:

Do you have a Veteran's ID Card?  YES  NO Military/DoD ID #:

### References

List names and telephone numbers of two business / work references who are not related to you and are not previous supervisors. If not applicable, list two school or personal references who are not related to you.

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE	E-MAIL	# OF YEARS KNOWN



### Employment History

Starting with your most recent employer, please provide the following information.

Employer:  Phone:

Address:      
Street City State Zip Code

Immediate Supervisor:  Title of Supervisor:  May we contact  YES  
 for a reference?  NO

Starting Job Title:  Final Job Title:

Compensation Start:  Hourly \$  Per:   Salary  
 Compensation Final:  Hourly \$  Per:   Salary

Why did you leave?

Employer:  Phone:

Address:      
Street City State Zip Code

Immediate Supervisor:  Title of Supervisor:  May we contact  YES  
 for a reference?  NO

Starting Job Title:  Final Job Title:

Compensation Start:  Hourly \$  Per:   Salary  
 Compensation Final:  Hourly \$  Per:   Salary

Why did you leave?

### Educational Background

Starting with your most recent school attended, provide the following information:

SCHOOL	CITY & STATE	YEARS COMPLETED	DEGREE OBTAINED (GED, DIPLOMA, CERT)	GPA	MAJOR/MINOR

### Applicant Statement

I certify that all information I have provided is true and accurate. 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 a) eliminate me from further consideration for employment, or b) may result in my immediate discharge from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references, 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 this employer 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 law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. 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 in this regard. CMS does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status.

**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: \_\_\_\_\_ Date:  /  /