

-----Previous Employment-----

Present or last Employer: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Hourly Rate: Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
Supervisor and Title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact? \_\_\_\_\_

Employer: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Hourly Rate: Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
Supervisor and Title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact? \_\_\_\_\_

Employer: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Hourly Rate: Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
Supervisor and Title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact? \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

I understand my employment with CMRA, Inc is for an indefinite term; and may be terminated by either CMRA, Inc or myself at anytime, for any reason, and without prior notice. I further understand no manager, supervisor, or other representative of the company has the authority to enter any verbal or written agreement which modifies the at-will nature of my employment. I understand my employment is contingent upon my proving that I am lawfully authorized to work in the United States. I authorize CMRA, Inc to investigate my prior work and personal history and all other information contained in this application form, and in return for consideration of employment, I will release CMRA, Inc and it's employees and representatives from any liability which might arise from a investigation. My signature authorizes all, individuals, school, and firms named in this form to provide any information about myself, and I release them from all liability for damages in providing this information. I certify that all statements herein are true and understand that any false statements, or omissions shall be sufficient cause for dismissal, or refusal of employment.

CMRA, Inc is committed to providing a drug-free workplace. I understand that the company may periodically require drug and alcohol testing. Including, blood and urine sampling during the term of my employment and that confirmed evidence of the use of drugs or alcohol impairment on-the-job may be basis for terminating my employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (For company use only):

-----AN EQUAL OPPORTUNITY EMPLOYER-----



Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long at present address? \_\_\_\_\_  
 Phone: Day \_\_\_\_\_ Night : \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date available for work: \_\_\_\_\_  
 Position applying for: \_\_\_\_\_ Referred by: \_\_\_\_\_  
 Rate of pay expected per hour: \_\_\_\_\_ Number of hours expected: \_\_\_\_\_

**-----Hours Available To Work-----**

		MON.	TUE.	WED.	THURS.	FRI.	SAT.	SUN.
Days	Start:							
	End:							
Nights	Start:							
	End:							

Have you ever been convicted of a crime? \_\_\_\_\_  
 If yes, Please explain: \_\_\_\_\_  
 If hired, can you prove that you are authorized to work in the U.S.? \_\_\_\_\_  
 Do you have reliable transportation? \_\_\_\_\_

**-----Education-----**

Name of High school: \_\_\_\_\_ Last year Completed: \_\_\_\_\_  
 GPA: \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
 Name of College: \_\_\_\_\_ Last year Completed: \_\_\_\_\_  
 GPA: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Any positions of Leadership, Honors, Activities, and accomplishments in School, Military, or Business: \_\_\_\_\_

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