

APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____
(LAST) (FIRST) (MIDDLE)

Street Address: _____
(STREET) (CITY) (STATE) (ZIP)

Home Phone: _____ Cellphone: _____ Social Security #: _____

Are you available for full-time work?: _____ Will you work overtime if asked?: _____

When will you be available to begin work: _____ ACE Card (If yes, Number): _____

Best time number to call you is? _____ Best time to call you is _____: _____ AM PM

Email: _____

Have you submitted an application to CSI before? Yes No

Availability (Check): Mon Tues Wed Thurs Fri Sat Sun

Have you ever been employed at CSI before? Yes No If yes, dates From: _____

Are you eligible for employment in USA? Yes No

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Will you travel within Southern California if job requires it? Yes No

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? Yes No

Need more information about the job's "essential functions" to respond: _____

Have you ever been bonded? Yes No

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details: _____

EDUCATION

EDUCATION	Name and Location of School Attended	No. of Years Attended	Graduated? Yes / No	Course or Major
Grammar School				
High School				
College				
Other Education				

EMPLOYMENT HISTORY

List your record of employment beginning with your present or most recent position.

#1 Company Name: _____ Telephone: _____ Position: _____

Address: _____

Employed from: _____ to _____ Supervisor: _____ Starting Salary: _____

Ending Salary: _____ Reason for Leaving: _____

#2 Company Name: _____ Telephone: _____ Position: _____

Address: _____

Employed from: _____ to _____ Supervisor: _____ Starting Salary: _____

Ending Salary: _____ Reason for Leaving: _____

#3 Company Name: _____ Telephone: _____ Position: _____

Address: _____

Employed from: _____ to _____ Supervisor: _____ Starting Salary: _____

Ending Salary: _____ Reason for Leaving: _____

#4 Company Name: _____ Telephone: _____ Position: _____

Address: _____

Employed from: _____ to _____ Supervisor: _____ Starting Salary: _____

Ending Salary: _____ Reason for Leaving: _____

#5 Company Name: _____ Telephone: _____ Position: _____

Address: _____

Employed from: _____ to _____ Supervisor: _____ Starting Salary: _____

Ending Salary: _____ Reason for Leaving: _____

#6 Company Name: _____ Telephone: _____ Position: _____

Address: _____

Employed from: _____ to _____ Supervisor: _____ Starting Salary: _____

Ending Salary: _____ Reason for Leaving: _____

For office only:

I certify that all of my personal information on this for is true and correct and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

(SIGNATURE)

(DATE)

