APPLICATION FOR EMPLOYMENT

		Date:
Name:	(FIRST)	(MIDDLE)
	(- ')	,
Street Address:(STREET)	(CITY)	(STATE) (ZIP)
Home Phone: Cellphone:	Social Security	<i>ı</i> #:
Are you available for full-time work?:	Will you work overtime	e 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 i	is:AM PM
Email:		
Have you submitted an application to CSI before?	Yes No	
Availability (Check): Mon Tues Wed	Thurs Fri S	Sat Sun
Have you ever been employed at CSI before? Y	es No If yes, dates Fro	m:
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 re	equires it? Yes No	
Are you able to perform the essential functions or reasonable accommodation)? Yes No	of the job for which you are a	applying (with or without
Need more information about the job's "essentia	al functions" to respond:	
Have you ever been bonded? Yes No		
Have you ever plead "guilty" or "no contest" to, o	or been convicted of a crime	? Yes No
If ves, 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:			
			Starting Salary:
Ending Salary:	Rea	ason for Leaving:	
#2 Company Name:		Telephone:	Position:
Address:			
Employed from:	to	Supervisor:	Starting Salary:
Ending Salary:	Rea	ason for Leaving:	
#3 Company Name:		Telephone:	Position:
Address:			
Employed from:	to	Supervisor:	Starting Salary:
Ending Salary:	Rea	ason for Leaving:	

#4 Company Name:		Telephone:	Position:
Address:			
			Starting Salary:
Ending Salary:	Rea	ason for Leaving:	
#5 Company Name:		Telephone:	Position:
Address:			
Employed from:	to	Supervisor:	Starting Salary:
Ending Salary:	Rea	ason for Leaving:	
#6 Company Name:		Telephone:	Position:
Address:			
Employed from:	to	Supervisor:	Starting Salary:
Ending Salary:	Rea	ason for Leaving:	
For office only:			
	nsideration	for employment with the Con	correct and understand that dishonesty npany, or if I am hired or already work for
(SIGNAT	URE)		(DATE)

AUTHORIZATION FOR BACKGROUND CHECK

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the company and it's agent to disclose all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to the company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from all background check companies without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. 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.

Name:	(LAST)		
	(LAST)	(FIRST)	(MIDDLE)
Maiden / Other:		Years L	Jsed:
Social Security #: _			
Driver's License:			State:
FOR IDENTIFICA	TION PURPOSES ONLY: Da	te of Birth /	/ (Month/Day/Year)
	Addresses within the past seven	years (Use separate sheet as n	eeded)
Present Address: _	(STREET)	(CITY)	(STATE) (ZIP)
Previous Address: _	(STREET)	(CITY)	(STATE) (ZIP)
From:/	/ (Month/Day/Year	To:/_	/ (Month/Day/Ye
Typing your name h	nere constitutes your digital sign	ature	
(S	IGNATURE)		(DATE)