

CW Resources, Inc. Employment Application

The information given on this form is for company use only. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not in any way obligate the company.

Identification:

Full Name (First, Middle, Last): _____

Present Address (Street, City, State, Zip) _____

Social Security Number: _____ - _____ - _____ Telephone Number: _____

Are you a United States Citizen? Yes No

If no, are you authorized by the U.S. Immigration Service to accept employment?

Yes No (Visa Number: _____)

NOTE: Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of a felony, or released from prison in the past 10 years?

Yes No

Note: A yes answer does not automatically disqualify you from employment. The nature of the offense, date, and type of job you are applying for will be considered. If yes, please explain.

Referred by:

Advertisement Relative Walk in
 Friend Employment Agency Other

Have you applied for a job here before? Yes No When: _____

Have you ever worked here before? Yes No When: _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

Position Wanted:

What job are you applying for? _____

Type of Employment: Full Time Part Time Seasonal

If seasonal, how long? _____

On what date could you start work? _____

Willing to work shifts? Yes No

Hours Available: _____

Days Available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Will you travel if the job requires it? Yes No

Education:

If not a high school graduate, insert number of school years completed. If no degree has been obtained, insert college credit hours completed.

Name	Location	Dates Attended	Major Course	Degree	Grade Average
High School					
College					
Graduate School					
Other: Special or Technical Training					

Employment History:

Note: Starting with present or most recent employer, account for periods of employment for the last ten years. You may use an extra sheet if more space is necessary.

Employer Name: _____
 Address (City, State): _____ Telephone: _____
 Title of Your Position: _____
 Immediate Supervisor's Name and Title/Dept.: _____
 Date started: _____ Date ended: _____
 Salary start: _____ Salary end: _____
 Reason for leaving: _____
 Describe Work Performed: (Work can be described through your resume.)

Employer Name: _____
 Address (City, State): _____ Telephone: _____
 Title of Your Position: _____
 Immediate Supervisor's Name and Title/Dept.: _____
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Activities:

List any extra curricular activities or honors received that might be helpful in considering your application. You may exclude activities which would reveal your age, sex, race, religion, national origin, ancestry, disability, or other protected status.

Special skills:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment Agreement:

I understand that if employment is offered it is not for any definite period of time and is subject to termination with or without cause by the company or at my own election at any time. I further understand that my employment would be at-will, and that no statements have been made indicating otherwise, and that this policy cannot be changed except in a written document signed by an authorized officer of the company.

If accepted, I must conform also to all company rules and regulations as made known at the time of employment or any other time thereafter; to perform all duties assigned to me to the best of my ability; and to be responsible to the company for any loss or damage of any tools, keys, or any other property entrusted to my care.

The compensation paid to employees for services covers inventions and improvements pertaining to the business of the company and that, as a further condition of employment in certain classes of work, it will be necessary to sign an agreement relating to the assignment of inventions to the company.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed, falsified statements on this application shall be sufficient reason for discharge from the service of the company.

Applicants Signature: _____ Date: _____

Authority to release information:

TO WHOM IT MAY CONCERN:

I hereby authorize the company or its representative bearing this release, or copy thereof, to obtain any information in my file pertaining to my employment, credit or educational records, including, but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the company's official use.

I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency or related business establishment from any and all liability for damages of whatever kind. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Date: _____

Signature: _____

Printed Name: _____