

Application for Employment

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.



Please email completed application to calusa@cvcboca.com

Personal Information

Date _____

Name (Last Name, First Name)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number	Referred By		
Email Address			

Employment Desired

Position	Date You Can Start	Salary Desired
Please Check Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		If Part-Time, Please Specify Days & Hours
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied To This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	

Education History

	Name & Location Of School	Years Attended	Did You Graduate?
High School			
College			
Trade, Business Or Correspondence School			

Subjects of special study/research work or special training skills

Former Employers (list below last three employers, starting with the most recent)

Date, Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving	May We Contact Your Supervisor?
From:					<input type="checkbox"/> Yes / <input type="checkbox"/> No
To:					
From:					<input type="checkbox"/> Yes / <input type="checkbox"/> No
To:					
From:					<input type="checkbox"/> Yes / <input type="checkbox"/> No
To:					

If hired, can you furnish proof you are eligible to work in the United States? Yes No

References

(Give below the names of three persons not related to you, whom you have known at least one year.)

Name	Phone # or Email Address	How Do You Know Them?	Years Known

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release the company from all liability for any damage that may result in utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____ Signature: _____

Interviewed By: _____ Date: _____

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