



Application for Employment

ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED.

This company is an equal opportunity employer. In all our employment practices, including, hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SSN \_\_\_\_\_

Telephone \_\_\_\_\_ DOB if under 18 \_\_\_\_\_

Position you are applying for \_\_\_\_\_ Expected wage/salary \_\_\_\_\_

If hired, when could you start work? \_\_\_\_\_ Are you employed now? \_\_\_\_\_

If so, may we contact your present employer?  Yes  No

If yes, when? \_\_\_\_\_ Who referred you to Cope for employment? \_\_\_\_\_

Names of friends or relatives working for Cope \_\_\_\_\_

**AVAILABILITY**

Are you seeking full time or part time employment? \_\_\_\_\_

What hours are you available? \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_ Subjects studied \_\_\_\_\_

Did you graduate?  Yes  No If no, last grade completed \_\_\_\_\_

Trade School or College \_\_\_\_\_ Studies \_\_\_\_\_

Did you graduate?  Yes  No If no, last grade completed \_\_\_\_\_

**MILITARY SERVICE**

Branch \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharged \_\_\_\_\_ Rank \_\_\_\_\_

Do you have service-related skills applicable to civilian employment?  Yes  No

If Yes, describe \_\_\_\_\_

**ADDITIONAL INFORMATION**

List additional training or experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY (start with most recent employer)**

Company \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Salary/Wage \_\_\_\_\_ per \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Still employed: [ ] Yes [ ] No Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Salary/Wage \_\_\_\_\_ per \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Salary/Wage \_\_\_\_\_ per \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

**REFERENCES:** Below give name of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	YRS KNOWN	PHONE

**OTHER INFORMATION**

Do you have a valid driver's license \_\_\_\_\_ License Number \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

Do you have a valid CDL license \_\_\_\_\_ License Number \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

Have you ever been convicted of or sentenced for any violation of the law? \_\_\_\_\_ If yes, give full particulars:  
 (The existence of a criminal record does not constitute an automatic bar to employment)

*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. I also authorize references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all participating parties from all liability for any damage that may result from 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 by an authorized company representative.

This waiver does not permit the release of 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 \_\_\_\_\_