



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 _____ Email _____ 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 _____

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 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 & RELATIONSHIP	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 _____ Type of CDL _____

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 _____