

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	
Telephone	Email
Position you are applying for	Expected wage/salary
If hired, when could you start work?	
Who referred you to Cope for employment?	
Names of friends or relatives working for Cope	
AVAILABILITY	
Are you seeking full time or part time employmen	nt?
What hours are you available?	
EDUCATION	
High School	Trade School or College
Did you graduate? Yes No	Did you graduate? Yes No
	Major
EMPLOYMENT HISTORY (Start with most recent	employer)
Company	Job Title
Address	CityState
Salary/Wageper	Dates Worked: From To
Supervisor	Telephone
May we contact? Yes No When?	?
Reason for leaving	

EMPLOYMENT HISTORY (continued)

Company			Job Title		
Address			City		_ State
Salary/Wage	per		Dates Worked: From	То	
May we contact? []	Yes [] No	Supervisor		Telephone	
Reason for leaving					
			Job Title		
Address			City		_ State
Salary/Wage	per		Dates Worked: From	То	
May we contact?	Yes No	Supervisor		Telephone	
Reason for leaving					
Company					
Address			City		State
Salary/Wage	per		Dates Worked: From	То	
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	YRS KNOWN	PHONE

OTHER INFORMATION

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 employ	ment)

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 ______

Authorization

[&]quot;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.