



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer (EOE/AA)

It is the policy of this organization to provide equal opportunity to all employees and applicants without discrimination based on race, color, sex, national origin, religion, marital status, disability, Vietnam veteran status, age, sexual orientation, or other conditions specified in Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Vietnam Era Veterans Readjustment Assistance Act of 1974.

BACKGROUND CHECKS

Creative Associates International, Inc. also completes background checks on all candidates who accept employment with the firm. Candidates offered employment will be provided a "Disclosure and Consent Concerning Consumer and Investigative Reports" document to complete and a copy of the "Summary of Consumer Rights" prior to the background checks being conducted. Employment is contingent upon the results of the background check

PLEASE PRINT

Name: _____
Last First Middle Gender

Address: _____
Street City State Zip

Social Security Number: _____ Phone: _____

Position(s) applied for _____ Date of application
____/____/____

Referral Source: Advertisement Employment Agency Company Website
 Employee Relative Walk-in Other

Name of Source (if applicable) _____

If necessary, best time to contact you at home is _____:_____ am or pm

Are you employed now? _____ If so, may we inquire of your present employer? _____

May we contact you at work? _____ If yes, work number and best time to call _____

Date you can start: _____ Salary Desired: _____

Have you ever applied to CAII before? _____ Where? _____ When? _____

Type of employment desired: Full-Time Part-Time Temporary

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? Yes No If yes, please specify: _____

GENERAL INFORMATION

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No
(proof of U.S. Citizenship or immigration status will be required upon employment)

Have you ever been employed here before? If yes, give dates and positions. Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Will you relocate if the job requires it? Yes No

Will you travel if the job requires it? Yes No

Have you ever been bonded? Yes No

Have you ever, under your name or another name, pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

(Do not identify convictions for which the criminal record has been expunged, sealed or eradicated by the court; or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court.)

If yes, please provide date(s) and details _____

NOTE: ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number (if job related) _____ State _____
(Required if you will be using a company vehicle while on field assignments.)

EMPLOYMENT HISTORY

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

A. Employer		Telephone
Address		
Job Title – Beginning and Final		
Dates Employment	Starting Salary	Ending Salary
From: To:	From: To:	To:
Immediate Supervisor and Title		

Reason for Leaving

May we contact for reference?

Yes No Later

Summarize the nature of the work performed and job responsibilities?

B. Employer

Telephone

Address

Job Title – Beginning and Final

Dates Employment

Starting Salary

Ending Salary

From: To:

From:

To:

Immediate Supervisor and Title

Reason for Leaving

May we contact for reference?

Yes No Later

Summarize the nature of the work performed and job responsibilities?

C. Employer

Telephone

Address

Job Title – Beginning and Final

Dates Employment

Starting Salary

Ending Salary

From: To:

From:

To:

Immediate Supervisor and Title

Reason for Leaving

May we contact for reference?

Yes No Later

Summarize the nature of the work performed and job responsibilities?

D. Employer

Telephone

Address

Job Title – Beginning and Final

Dates Employment

Starting Salary

Ending Salary

From: To:

From:

To:

Immediate Supervisor and Title

Reason for Leaving

May we contact for reference?

Yes No Later

Summarize the nature of the work performed and job responsibilities?

Comments (including explanation of any gaps in employment)

EDUCATION

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Major and minor fields of study.

Name & Location of School	B. Years Completed	C. Degree/ Diploma	D. Major	E. Minor

Subjects of special study or research work: _____

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

Skills and Qualifications – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

U.S. MILITARY SERVICE

Branch of Service _____ From _____ to _____

Rank and Type of Service _____

Training/Experience Received _____

REFERENCES

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Address & Phone	Occupation	Relationship to Applicant	Years Acquainted

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

PHYSICAL RECORD

List any physical limitations: _____

Do you have any limitations in hearing? _____ Vision? _____ Speech? _____

In case of emergency, notify: _____

Name
Address
Phone

APPLICANT'S STATEMENT

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I understand that Creative Associates International, Inc. follows an "employment at will" policy, in that I or Creative Associates International, Inc. may terminate my employment at any time or for any reason consistent with applicable state or federal law. This "employment at will" policy cannot be changed verbally or in writing, and that no representative of the employer has the authority to make any assurances to the contrary, unless the change is specifically authorized in writing by the President of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the

employment of unauthorized aliens; all persons hired submit satisfactory proof of employment authorization and identity; and failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that Creative Associates International Inc. will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I give the employer the right to investigate all statements and references contained in this application and to secure additional information about me, if job-related. I hereby release from liability the employer and its representative for seeking such information. I authorize all individuals, schools, and firms named therein, to provide any information requested about me, and I release them from all liability for damage in providing this information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

I certify that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date.

Applicant's Signature: _____ **Date:** _____

(OFFICE USE ONLY)	
Interviewed By: (1) _____	Date _____
Interviewed By: (2) _____	Date _____
Interviewed By: (3) _____	Date _____
Division _____	Position Offered _____
Starting Date _____	Salary _____
Remarks: _____	

