



Application for Employment

Office Use Only	Date: Reviewed By:
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Position You Are Applying For: _____ Desired Salary: _____
Date Available for Work: _____ Who Referred: _____
Employment Desired: ☐ Full-Time ☐ Part-Time How many hrs/ week can you work? _____
Are You Over the Age of 18? ☐ Yes ☐ No

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____ Email Address: _____

Social Security Number: _____

Are you a U.S. Citizen? ☐ Yes ☐ No

If the answer is "No", are you currently authorized to work in the United States? ☐ Yes ☐ No

If "Yes", can you provide proof of your eligibility to work? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been, or are you currently in the Armed Force ☐ Yes ☐ No

Service Branch: _____ Specialty: _____

Date Entered: _____ Date of Separation: _____

Discharge Type: ☐ Honorable ☐ General – Under Honorable Conditions
☐ Other Explain: _____

EDUCATION

School Name	Location	Years Attended	Degree or Major

REFERENCES

Name	Title	Company	Phone

EMPLOYMENT

Employer: _____ Dates Employed: _____ to _____

Work Phone: _____ Pay Rate: _____ ☐ Hour ☐ Month ☐ Year

Address: _____

City: _____ State: _____ Zip: _____

Position: _____

Duties Performed: _____

Supervisors Name and Title: _____

Reason for Leaving: _____

May we contact them? ☐ Yes ☐ No

EMPLOYMENT

Employer: _____ Dates Employed: _____ to _____
Work Phone: _____ Pay Rate: _____ ☐ Hour ☐ Month ☐ Year
Address: _____
City: _____ State: _____ Zip: _____
Position: _____
Duties Performed: _____
Supervisors Name and Title: _____
Reason for Leaving: _____
May we contact them? ☐ Yes ☐ No

EMPLOYMENT

Employer: _____ Dates Employed: _____ to _____
Work Phone: _____ Pay Rate: _____ ☐ Hour ☐ Month ☐ Year
Address: _____
City: _____ State: _____ Zip: _____
Position: _____
Duties Performed: _____
Supervisors Name and Title: _____
Reason for Leaving: _____
May we contact them? ☐ Yes ☐ No

PLEASE READ CAREFULLY**APPLICATION FORM WAIVER**

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

I understand that, in connection with the routine processing of my employment application, Comgraphx may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living.____ Upon written request from me, Comgraphx will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.____

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 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 Comgraphx from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Comgraphx 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.

Signature of Applicant: _____

Date: _____

Comgraphx is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, veterans, age or disability. We assure you that your opportunity for employment with Comgraphx depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.