



Application for Employment

Office Use Only	Date:
	Reviewed By:

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

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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.