



Building Stronger Communities, Crafting a Superior World

Application for Employment
Community Building Services
811 Kim Dr., Mason, MI 48854
517-604-6214

www.communitybuildingservices.com

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious beliefs, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: _____

Full Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Position Applied For: _____

How did you hear about this position? _____

Available start date: _____

Are you a citizen of the United States or otherwise authorized to work in the United States on an unrestricted basis? (You may be required to provide documentation.)

YES NO

Have you ever been convicted of a felony?
(This will not necessarily affect your application.)
If yes, please described conditions.

YES NO

Employment History

Start Date: _____ End Date: _____

Company: _____ Position: _____

Address: _____

Phone: _____ Supervisor: _____

Starting Wage: _____ Ending Wage: _____

Responsibilities: _____

Reason for leaving: _____

May we contact this employer? **YES NO**

Education History

High School: _____

Location: _____

Dates Attend: _____

Major/Degree: _____

College: _____

Location: _____

Dates Attend: _____

Major/Degree: _____

In addition to your work history, are there other skills, qualifications, certifications, or experience that we should consider? _____

References

Please list three persons who are not related to you and who you have known for at least one year.

Name: _____

Business: _____

Phone: _____

Email: _____

Relation: _____

Years known: _____

Name: _____

Business: _____

Phone: _____

Email: _____

Relation: _____

Years known: _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make investigations of my prior educational and employment.

I understand that employment at this company is "at will" which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive, other than the president, has any authority to alter the foregoing.

Date: _____

Printed Name: _____

Signature: _____