

NAME _____
(Please Print)

Email Address: _____

POSITION APPLIED FOR _____ DATE _____



APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully
before you sign this application.

Application must be completed in full even if attaching a resume.

PERSONAL INFORMATION		
Last Name:	First Name:	Middle Initial:
Present Address:	City, State, Zip Code:	How Long:
Previous Address:	City, State, Zip Code:	How Long:
Home Telephone #:		Work Telephone #:
Social Security Number:	If you are under age 18, please state your age:	
Are any of your relatives presently employed with Complete Network Management, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of relative:		
Have you ever worked for Complete Network Management, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state approximate month/year.		
How were you referred?		

GENERAL INFORMATION							
If you are under age 18, please state your age:							
Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United State? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you ever been convicted of a crime or violation other than a minor traffic infraction? <input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction record will not necessarily be a bar to employment, factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.) If yes, please explain:							
Have you ever been discharged from any employment or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:							
PLEASE CHECK SCHEDULE AVAILABLE: <input type="checkbox"/> I am available and desire to work FULL-TIME (40 hours) and do not have restrictions on my hours and days. <input type="checkbox"/> I am available and desire to work PART-TIME (Complete section below with time you would be available to work) I am only available for PART-TIME because: <input type="checkbox"/> Student <input type="checkbox"/> Other Job <input type="checkbox"/> Other (explain)_____							
Hours Available	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.
From	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
(Write begin time here----->)							
To	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
(Write ending time here----->)							
Wage Expected:				Date Available to Work:			

EMPLOYMENT HISTORY

Begin with your most recent employment and continue with all past employment (attach additional sheet if necessary)

From		To		Company Name:		Type of Business:	
Mo.	Yr.	Mo.	Yr.	Job Title:		Supervisor:	
Address:				Describe your job duties:			
City, State, Zip:				Reason for leaving (please explain):		May we contact employer: [] Yes [] No	
Phone Number:				Beginning Salary:	Ending Salary:	Explain any period between jobs:	

From		To		Company Name:		Type of Business:	
Mo.	Yr.	Mo.	Yr.	Job Title:		Supervisor:	
Address:				Describe your job duties:			
City, State, Zip:				Reason for leaving (please explain):		May we contact employer: [] Yes [] No	
Phone Number:				Beginning Salary:	Ending Salary:	Explain any period between jobs:	

From		To		Company Name:		Type of Business:	
Mo.	Yr.	Mo.	Yr.	Job Title:		Supervisor:	
Address:				Describe your job duties:			
City, State, Zip:				Reason for leaving (please explain):		May we contact employer: [] Yes [] No	
Phone Number:				Beginning Salary:	Ending Salary:	Explain any period between jobs:	

From		To		Company Name:		Type of Business:	
Mo.	Yr.	Mo.	Yr.	Job Title:		Supervisor:	
Address:				Describe your job duties:			
City, State, Zip:				Reason for leaving (please explain):		May we contact employer: [] Yes [] No	
Phone Number:				Beginning Salary:	Ending Salary:	Explain any period between jobs:	

EDUCATION					
Education Type of School	Name and Address of School	Major Subject	Last Year Attended	Graduated	Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade, Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS
List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like consider in connection with your application for employment.

PERSONAL OR BUSINESS REFERENCES	
Name:	Occupation Business Phone #:
Address:	Home Phone #:
City, State, Zip:	Relationship:
How Long Known:	

Name:	Occupation Business Phone #:
Address:	Home Phone #:
City, State, Zip:	Relationship:
How Long Known:	

Name:	Occupation Business Phone #:
Address:	Home Phone #:
City, State, Zip:	Relationship:
How Long Known:	

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____