

# **EMPLOYMENT APPLICATION**

Do not provide any false or misleading information in the Employment Application. All information provided is subject to verification. If any information in your employment Application changes after completion and submittal of this Employment Application to the Company, you must notify the Company immediately.

PERSONAL INFORMATION	(Please Print)
Name (as stated on your identity card / passport)	Date Completed
Are you at least 18 years of age? $\Box$ Yes $\Box$ No	
Have you ever been convicted of, found guilty of, plead guilty to, or admitted guilt of a	a crime? 🛛 Yes 🔲 No
If yes describe in full	
If you are hired, can you provide proof of authorization to work in the United States?	
Address	
Phone Number ( ) Alternate Phone Number	er ( )
OTHER EMPLOYMENT RELATED INFORMATION	
Referral Source:	
Were you previously employed by this company? $\Box$ Yes $\Box$ No When?	
Number of hours desired Full Time or Part Time Can you v	vork overtime? 🗌 Yes 🔲 No
Pay desired	
Position desired	
When can you start? List any days/hours you are NOT available to v	work
Have you ever been discharged or asked to resign by an employer? $\Box$ Yes $\Box$ No	)
If "Yes," give complete details	
Have you used any names other than those listed above?  Yes  No Please List	
List the states (if applicable) and the counties of residence for the past seven years _	

# **EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	MAJOR/SUBJECTS	No. OF YEARS ATTENDED	DEGREE RECEIVED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
COLLEGE OR UNIVERSITY				
TRADE/CRSPND SCHOOL				

## **EMPLOYMENT**

Provided accurate and complete information on your full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone	
	( )	
Address	Employed – (month and year)	
	From To	
Name of Supervisor	Hourly / Daily / Weekly / Monthly / Annual Pay (circle one)	
	Start Last	
Job Title and Work Description	Reason for Leaving	
Company Name	Telephone	
	( )	
Address	Employed – (month and year)	
	From To	
Name of Supervisor	Hourly / Daily / Weekly / Monthly / Annual Pay (circle one)	
	Start Last	
Job Title and Work Description	Reason for Leaving	
Company Name	Telephone	
	( )	
Address	Employed – (month and year)	
	From To	
Name of Supervisor	Hourly / Daily / Weekly / Monthly / Annual Pay (circle one)	
	Start Last	
Job Title and Work Description	Reason for Leaving	

Should you require additional space to list all former employment, please attach a separate sheet to the end of this Application

We may contact the employers listed above	DO NOT CONTACT	
unless you indicate those you do not want us to contact.	Employer Name	_ Reason
After an offer of employment has been extended and accepted, we reserve the right to contact these employers to verify information provided during the application process.	Employer Name	Reason

### JOB RELATED SKILLS

Are you fluent in any languages?  Yes No Please List			
Please list any other education, training, special skills, licenses or certificates that are job-related			

\* Please attach any relevant certifications that you possess along with your resume

#### AUTHORIZATION

I attest with my signature below that I have given to Chapman Services LLC true and complete information on this application and that no requested information has been concealed. I agree and understand that any misleading or false information provided by me herein, regardless of time of discovery, will justify my rejection for or termination from employment with the Company.

I further attest that I am qualified to perform all of the duties of the desired position.

I understand that the Company will investigate the statements contained in this application and requires additional background checks (including, but not limited to, criminal history, motor vehicle driving records, and credit history) where and as allowed by the law for certain positions. Therefore, I may be required to submit to a background check after an offer of employment is made. I understand that if that is a requirement for the particular position offered, I will need to authorize the Company and/or its agents, including consumer reporting bureaus, to investigate my background and all statements contained in this application, as may be necessary based upon the job offered. Should I choose not to authorize such background check, the job offer may be revoked. I release Chapman Services LLC and/or its agents from any liability that might arise from such request and/or investigation.

I understand that this application is not a contract of employment. I understand that in the event of employment, my employment relationship is terminable at will and is not governed by and employment contract. I also understand that the use of illegal drugs or alcohol is prohibited during employment and is grounds for immediate termination. In the event that I am employed, I agree to abide by all policies and standards of Chapman Services LLC. I also understand that a drug test may be administered prior to or at any time during my employment.

Signature of Applicant	Date

This application for employment is good for 60 days.

Consideration for employment after 60 day required a new application be completed and provided to the company.

Company use only	
alified	
interview	
sume on file	
interview (if required)	
es:	