

CIE

Employment Application Form
 Please drop off or
 mail completed application to:
 CIE Norfolk
 3002 North Victory Rd
 Norfolk NE 68701

PLEASE PRINT ALL
 INFORMATION REQUESTED
 EXCEPT SIGNATURE

OFFICE USE ONLY:
 Date received:
 Reviewed by:

PLEASE COMPLETE PAGES 1-5

Date _____

Name _____

LAST
FIRST
MIDDLE
MAIDEN

Present address _____

NUMBER
STREET
CITY
STATE
ZIP

How long at current address _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Are you under age 18 ___ YES ___ NO, if "YES", can you provide proof of your eligibility to work? ___ YES ___ NO

Are you currently authorized to work in the United States? ___ YES ___ NO. Proof of eligibility will be required if hired.

Position applied for (1) _____
 and wage desired (2) _____
 (Be specific)

Days/hours available to work

No Pref	_____	Thur	_____
Mon	_____	Fri	_____
Tue	_____	Sat	_____
Wed	_____	Sun	_____

How many hours can you work weekly? _____ Email: _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes A Conviction record will not necessarily disqualify you from employment.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

Do you have a Driver's License? Yes No

What is your means of transportation to work?

Driver's License

Number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE POSITIONS ONLY

Yes No _____ WPM

Yes Word Yes
10-key No Processing No _____ WPM

Personal Yes PC
Computer No Mac

Other _____
Skills _____

Please list two references other than relatives.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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<p>Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you now a member of the national guard? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Specialty _____ Date Entered _____ Discharge Date _____</p>			
<p>Work Experience</p>		<p>Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.</p>	
<p>Name of employer Address City, State, Zip Code Phone number</p>	<p>Name of Last Supervisor</p>	<p>Employment Dates</p>	<p>Pay or Salary</p>
		<p>From To</p>	<p>Start Final</p>
		<p>Your last job title</p>	
<p>Reason for leaving (be specific)</p>			
<p>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</p>			
<p>Name of employer Address City, State, Zip Code Phone number</p>	<p>Name of Last Supervisor</p>	<p>Employment Dates</p>	<p>Pay or Salary</p>
		<p>From To</p>	<p>Start Final</p>
		<p>Your last job title</p>	
<p>Reason for leaving (be specific)</p>			
<p>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</p>			

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City, State, Zip Code Phone number			From To	Start Final
Your last job title				
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				
Name of employer Address		Name of Last Supervisor	Employment Dates	Pay or Salary
City, State, Zip Code Phone number			From To	Start Final
Your last job title				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

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.

In exchange for the consideration of my job application by CIE (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment,____ or to confer any right to remain an employee of CIE or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,____ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company.____ Both the undersigned and CIE may end the employment relationship at any time, without specified notice or reason.____ If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits._____

I authorize investigation of all statements contained in this application.____ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.____ I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.____ I authorize CIE to perform a local and federal criminal background check. _____

I understand that, as a condition of employment, a medical examination and a drug screen may be required.

I understand that, in connection with the routine processing of your employment application, the Company may request a criminal background investigation, and a consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. ____ Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested, as required by the Fair Credit Reporting Act.____ I hereby authorize the aforementioned investigations. _____

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party._____

Signature of applicant _____ **Date:** _____

CIE 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, age or disability. We assure you that your opportunity for employment with CIE depends solely on your qualifications.

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