

Commercial Appliance Service, Inc.
Employment Application



Applicant Information

Full Name:						Date:		
<i>Last</i>			<i>First</i>			<i>M.I.</i>		
Address:								
<i>Street Address</i>					<i>Apartment/Unit #</i>			
<i>City</i>					<i>State</i>		<i>ZIP Code</i>	
Phone:	()			E-mail Address:				
Date Available:			Social Security No.:				Desired Salary:	\$
Position Applied for:								
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain:								

Education

High School:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

References

Please list three professional references.

Full Name:				Relationship:					
Company:				Phone:		()			
Address:									
Full Name:				Relationship:					
Company:				Phone:		()			
Address:									
Full Name:				Relationship:					
Company:				Phone:		()			
Address:									

Previous Employment

Company:					Phone:	()	
Address:					Supervisor:		
Job Title:							
Responsibilities:							
From:			To:			Reason for Leaving:	
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:							
Responsibilities:							
From:			To:			Reason for Leaving:	
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:							
Responsibilities:							
From:			To:			Reason for Leaving:	
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Military Service

Branch:				From:			To:		
Rank at Discharge:				Type of Discharge:					
If other than honorable, explain:									

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature:					Date:		
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**** Due to the sensitive nature of this information. Please contact the appropriate department manager before sending application by mail, email, or fax.**