

## **EMPLOYMENT APPLICATION**

It is the policy of CMB Here to Help LLC. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, national origin, age, disability or veteran status.

POSITION APPLIYING FOR:		DATE:
PERSONAL INFO		
First Name:	Middle:	Last:
Street Address:		
City:	State:	Zip Code:
Telephone:	Email:	
Preferred Method of Communication:	Call 🗌 Text 🗌 Email	
If you are under 18 years of age, please	specify your age: (This inf	formation will be used only for child labor law purposes).
Social Security Number:	Drivers License (State/	/Number):
Who should be contacted if you are involv	red in an emergency?	
Contact Name:		
Relationship:	Phone	2:
What Position are you Applying For?		
Pay Expectations?	Full Ti	me or Part Time?:
Are there any days or hours you will not	work? Yes No If yes,	please explain:
When will you be able to start work?		
Please provide any other information that	t you believe should be considered:	
Are you legally authorized to work in the	United States?  Yes  No	
Have you ever been found at fault in a civ	il action for an intentional tort (inte	ntional commission of a wrongful act)? 🛛 Yes 🛛 No
Note: Answering "yes" does not automat	ically exclude you from further con	sideration for the position. If yes, include nature of the
intentional tort and the disposition of the	e action:	

How did you hear about our Company?

\*PLEASE ATTACH RESUME\*

**REFERENCES** (Please list three persons not related to you who know your qualifications.)

ADDRESS	PHONE	RELATIONSHIP
	ADDRESS	ADDRESS PHONE

## EMPLOYMENT HISTORY: <u>\*PLEASE ATTACH RESUME\*</u>

Have you signed any non-competition or non-solicitation agreement with any other employer that might restrict you from working for this company (you may be required to furnish a copy of the agreement)?  $\Box$  Yes  $\Box$  No

If yes, please explain: \_\_\_\_\_\_

Why are you looking for a change?: \_\_\_\_\_

Do you have any licenses or certifications?:

## APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize this Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I expressly agree and understand that, if employed, my employment is not for a specific term, is based on mutual consent and may be terminated by me or my employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the basic employment policies, personnel handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the employer. I also understand that this aspect of my employment may not change absent an individual written agreement signed by both me and the president of the company.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a preemployment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Print Name: \_\_\_\_\_

Date:

Signature: \_\_\_\_\_