



FAX NUMBER – 1-866-695-1068

EMPLOYMENT APPLICATION

PERSONAL DATA (PLEASE PRINT)

NAME _____ DATE _____

HOME TELEPHONE () _____ CELL NUMBER () _____

SOCIAL SECURITY NO.: _____ / _____ / _____ EMAIL: _____

PHYSICAL ADDRESS

NUMBER _____ STREET _____ APT. _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

NUMBER _____ STREET _____ APT. _____ CITY _____ STATE _____ ZIP CODE _____

EMPLOYMENT DESIRED

POSITION FOR WHICH YOU ARE APPLYING: _____

SALARY/WAGE DESIRED \$ _____

TYPE OF EMPLOYMENT FOR WHICH YOU ARE APPLYING: FULL TIME PART TIME TEMPORARY

DAYS YOU ARE NOT AVAILABLE FOR WORK: _____

IF APPLYING FOR TEMPORARY WORK, DURING WHAT PERIOD OF TIME WILL YOU BE AVAILABLE? _____

ARE YOU AVAILABLE FOR WEEKENDS? YES NO

ARE YOU AVAILABLE TO WORK OVERTIME, IF NECESSARY? YES NO

IF HIRED, ON WHAT DATE CAN YOU BEGIN WORKING? _____ / _____ / _____

DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR CARY SERVICES? YES NO

IF YES, STATE NAME(S) AND RELATIONSHIP _____

IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO

ARE YOU AT LEAST 18 YEARS OLD? (IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION YOU ARE OF MINIMUM LEGAL AGE) YES NO

COMPLETE CRIMINAL AND MOTOR VEHICLE BACKGROUND INVESTIGATIONS ARE CONDUCTED ON ANY APPLICANT CONSIDERED FOR EMPLOYMENT AND SIGNING AN AUTHORIZATION FOR THE INVESTIGATION IS A CONDITION OF EMPLOYMENT WITH CARY SERVICES.

CARY SERVICES APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK
IN THIS COUNTRY? YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTION OF THE JOB FOR WHICH YOU ARE APPLYING EITHER
WITH OR WITHOUT AN ACCOMODATION? YES NO

IF NO, DESCRIBE THE FUNCTION THAT CANNOT BE PERFORMED AND ACCOMMODATION:

(NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/CO-WORKERS TO PERFORM ESSENTIAL FUNCTIONS.)

ARE YOU ABLE TO PERFORM ALL OTHER DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED _____

ARE YOU CURRENTLY UNDER COURT SUPERVISION, AWAITING DEFERRED ADJUDICATION OR HAVE YOU EVER
BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO

IF YES, STATE THE NATURE OF CRIMES, WHEN AND WHERE CONVICTED _____

(NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES AND RELEVANCE OF THE OFFENSE TO THE POSITIONS APPLIED FOR MAY BE CONSIDERED)

REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.			
NAME			
ADDRESS	CITY	STATE	ZIPCODE
OCCUPATION			
TELEPHONE NO. ()	NO. YEARS KNOWN		
NAME			
ADDRESS	CITY	STATE	ZIPCODE
OCCUPATION			
TELEPHONE NO. ()	NO. YEARS KNOWN		
NAME			
ADDRESS	CITY	STATE	ZIPCODE
OCCUPATION			
TELEPHONE NO. ()	NO. YEARS KNOWN		

CARY SERVICES APPLICATION FOR EMPLOYMENT

EDUCATION HISTORY

NAME OF <u>GRAMMAR</u> SCHOOL	
CITY	STATE
DATES ATTENDED	DID YOU GRADUATE? IF SO, PLEASE GIVE DATE
SUBJECTS STUDIED	
NAME OF <u>HIGH</u> SCHOOL	
CITY	STATE
DATES ATTENDED	DID YOU GRADUATE? IF SO, PLEASE GIVE DATE
SUBJECTS STUDIED	
NAME OF <u>COLLEGE</u> SCHOOL	
CITY	STATE
DATES ATTENDED	DID YOU GRADUATE? IF SO, PLEASE GIVE DATE
SUBJECTS STUDIED	
NAME OF <u>TRADE, BUSINESS OR CORRESPONDENCE</u> SCHOOL(S)	
CITY	STATE
DATES ATTENDED	DID YOU GRADUATE? IF SO, PLEASE GIVE DATE
SUBJECTS STUDIED	
**CAN YOU PROVIDE TRANSCRIPTS AND/OR A CERTIFICATE OF COMPLETION IF REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

FORMER EMPLOYERS (MOST RECENT EMPLOYER FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER?
FROM					<input type="checkbox"/> YES
TO					<input type="checkbox"/> NO
FROM					<input type="checkbox"/> YES
TO					<input type="checkbox"/> NO
FROM					<input type="checkbox"/> YES
TO					<input type="checkbox"/> NO
FROM					<input type="checkbox"/> YES
TO					<input type="checkbox"/> NO
FROM					<input type="checkbox"/> YES
TO					<input type="checkbox"/> NO

CARY SERVICES APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

ACCEPTANCE OF THE TERMS AND CONDITIONS DESCRIBED BELOW IS A CONDITION OF HIRE WITH CARY SERVICES.

_____ I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY EFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

_____ I HEREBY THE AUTHORIZE THE COMPANY TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORD, EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT INCLUDING, BUT NOT LIMITED TO, INVESTIGATION OF MY CRIMINAL AND DRIVING HISTORIES. I FURTHER AUTHORIZE THE REFERENCES I HAVE LISTED TO DISCLOSE TO THE COMPANY ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION RELATED TO MY WORK RECORDS WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I HEREBY RELEASE THE COMPANY, MY FORMER EMPLOYERS, AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

_____ I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND CARY SERVICES. IN ADDITION, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR CARY SERVICES, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY CARY SERVICES' DESIGNATED REPRESENTATIVE.

APPLICANT'S SIGNATURE

DATE