



EMPLOYMENT APPLICATION

Please Print Clearly

IF YOU REQUIRE ANY ACCOMODATION(S) DURING THE APPLICATION PROCESS, PLEASE INFORM STAFF FOR ASSISTANCE

CIL/ACES\$ is an Equal Opportunity Employer. CIL/ACES\$ considers all applicants for employment without regard to, and federal and state laws prohibit discrimination in, employmen t practices because of ancestry, race, color, age, religious creed, national origin, disability and/or other legally protected status.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Social Security Number: _____ Date Available for Work: _____

How did you hear about the position you are applying for?

(Please circle your answers or type an "x" to the right of your selection)

Are you legally authorized to work in the US?	Yes	No
Are you 18 years of age or older?	Yes	No
If no, do you have a work permit?	Yes	No
Have you ever applied for employment with or been employed by CIL/ACES\$? If yes, please provide dates of employment, position and reason for leaving.	Yes	No

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No

Education

	Name Address	Area of Study	Did you graduate?	Last Year Completed	Degree
High School					
College					
Graduate School					
Other					

Skills/Experiences

Please list any special skills and or experiences you feel qualify you for employment:

Military

(If you served in the United States Armed Forces please complete the following)

Branch of Service: _____

Skills/Training: _____

Dates of Active Duty: From _____ To _____

Rank at Discharge: _____

References

Name	Relationship	Address	Telephone

Employment History

Please list the last 3 employment positions held, starting with your most recent employment. Do not omit any employers. Use additional pages, if necessary.

Company:	Phone:
Address:	Employed From: To:
Immediate Supervisor Name and Title:	Reason For Leaving:
Your Job Title and Functions:	Ending Salary:
	May we contact this employer? Yes No

Company:	Phone:
Address:	Employed From: To:
Immediate Supervisor Name and Title:	Reason For Leaving:
Your Job Title and Functions:	Ending Salary:
	May we contact this employer? Yes No

Company:	Phone:
Address:	Employed From: To:
Immediate Supervisor Name and Title:	Reason For Leaving:
Your Job Title and Functions:	Ending Salary:
	May we contact this employer? Yes No

Company:	Phone:
Address:	Employed From: To:
Immediate Supervisor Name and Title:	Reason For Leaving:
Your Job Title and Functions:	Ending Salary:
	May we contact this employer? Yes No

If applicable, please explain any significant gaps in your employment history.

Background

Any offer of employment is based upon screening of my work/school/ criminal record and references. Background checks may be verified by the State Police, FBI, Department of Transportation and Department of Public Welfares Childline. Should I answer yes to the following will not automatically disqualify me from employment.

Have you ever been convicted of a felony or misdemeanor? Yes No
(If yes, list dates and offenses)

Job Applicant's Agreement and Certification

"I certify that the information given by me in this application/resume is true and complete in all respects, and I agree that if the information given is found to be false or misleading in any way, it shall be considered good cause for denial of employment or discharge. I authorize the use of any information in this application/resume to verify my statements, and I authorize past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record to CIL/ACES\$. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application/resume or the granting of an interview is intended to or will create an employment contract between CIL/ACES\$ and myself or entitlement to any employment or other benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon CIL/ACES\$ unless made in writing. If an employment relationship is established, I understand that I will be an at-will employee, meaning that I will have the right to terminate my employment at any time and that CIL/ACES\$ retains the same right to terminate my employment, at any time, for any reason.

I understand that, if employed by CIL/ACES\$, I may be required to comply with certain employment, policies, handbooks, work rules, procedures and other requirements/standards which may be revised, changed and/or withdrawn, at any time, as determined by CIL/ACES\$ in its own discretion.

By submitting this application/resume I agree to the above statements and verify that all requested information is correct."

Applicant Signature: _____

Date: _____

Print Name: _____