

## **Employment Application**

Empowerment through Employment

the basis of disability.

Equal Opportunity Employer-minorities/ CW Resources, Inc. is proud to be an Equal females/veterans/individuals with disabilities/ Opportunity and Affirmative Action Employer. sexual orientation/gender identity. All qualified We celebrate diversity and are committed to applicants will receive consideration for creating an inclusive environment for all employment without regard to race, color, employees and ensuring a workplace free religion, sex, sexual orientation, gender from all forms of discrimination or harassment. We strongly encourage women, people of status and will not be discriminated against on color, people with disabilities, people who are veterans, people who identify as LGBTQ, and members of ethnic minorities to apply!

Personal In	formatic	n											
Name					Date of Application								
Address				City			State		Zip				
Phone Numb	Phone Number Mobile Number				Email Address								
Are You A U.S. Citizen or Authorized to Work in the U.S.?  Yes \( \subseteq \text{No} \subseteq \)					Pursuant to the IRCA, upon an offer of employment, all applicants must produce original documents that establish identity and authorization for employment in the U.S. If you are unable to produce acceptable documents with 72 hours of employment, you will forfeit employment								
Have you eve	r worked	for C	CW Resources	?	Yes No If Yes, Dates								
Do you have family or friends working here?					Yes No If Yes, Who?								
Position													
Position You Are Applying For					Available Start Date					Desired Pay			
Employment Desired  Full Time					☐ Part Time ☐ Seasonal/Temporary ☐ Per Diem						er Diem		
Shift Availability													
	Monda	ay	Tuesday	We	ednesday	Thursday	/	Friday	Sa	turday	Sunday		
From													
То													
Overnight													
Education													
School Name (Last) Graduated			Graduated?	Hig	Highest Grade Completed			Degree Received		Major/Area of Study			
Military Service (preference given to veterans)													
Branch					Highest Rank			Dates of Service		Skills/Training			
									1				

Employment History									
Employer Name (1)	Job Title				Dates Employed				
Supervisor	Reason for Leaving				Telephone				
Address		City		State		Zip			
Employer Name (2)	Job Title				Dates Employed				
Supervisor	Reason for Leaving				Telephone				
Address		City	Sity			Zip			
Employer Name (3)	Job Title				Dates Employed				
Supervisor	Reason for Leaving				Telephone				
Address		City		State		Zip			
References									
Name		Title/How Known		Company or Affiliation		Phone			
Signature Disclaimer									
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 will result in my release / termination.									
I understand that based upon the position for which I have applied, I may be asked to authorize pre-employment checks including criminal, motor vehicle, credit history and/or required to participate in drug screening and additional background checks for security clearance.									
I understand that I must authorize pre-employment screenings as required by the position offered. The results of these pre-employment checks will only be utilized to the extent required by the position conditionally offered and business necessity. Results of the pre-employment screenings may automatically exclude me from some certain positions with CWR.									
Name (Please Print)	Signature								
Date									