

# Employment Application

## Personal Information

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available				Desired Salary	\$		
Position Applied for							
How did you hear about this position?							
<i>Please answer <u>YES</u> or <u>NO</u> to the following questions:</i>							
Are you legally authorized to be employed in the United States?							
Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? (Proof of citizenship or immigration status will be required upon employment.)							
Are you 18 or older?							
If you are under 18 years of age, can you provide required proof of your eligibility to work?							
Have you ever pled guilty to, or been convicted of a crime (other than a minor traffic violation) that has not been expunged by a Court? (A guilty plea or conviction of a crime is not an automatic bar to employment; all circumstances will be considered.)							
If yes, explain							

## References

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

## Education

Beginning with your current or most recent degree program, please provide your School or Educational Institution, Major, Degree, GPA and Graduation Year.

School or Educational Institution		Major or Area of Study	
Degree		GPA	Did you graduate? (YES or NO)
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Degree		GPA	Did you graduate? (YES or NO)
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Degree		GPA	Did you graduate? (YES or NO)

## Previous Employment

Beginning with your current or most recent employment, including self-employment and military service, please provide your previous work experience.

If any employment was under a different name, indicate name			
Have you ever been employed OR on assignment as a Contract Worker at Central Indiana Corporate Partnership? (YES or NO)			
Company		Phone	
Address		Supervisor	
Job Title		From	To
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference? (YES or NO)			
Company		Phone	
Address		Supervisor	
Job Title		From	To
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference? (YES or NO)			

## Applicant's Statement

1. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You are also hereby authorized to make any investigation of my personal history and financial and credit record either directly or through any investigative or credit agencies or bureaus of your choice.
2. This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should complete an additional application.
3. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and CICIP may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer.
4. I understand that statements contained in policies, practices, handbooks and other CICIP materials do not create any contract, express or implied, or guarantees of employment or continued employment. I understand that CICIP has an absolute and unconditional right to modify, amend or terminate policies, practices, benefit plans and other CICIP programs as it sees fit.
5. I understand that any offer of employment will be contingent upon my passing any pre-employment screening procedures required. By signing this application, I expressly consent to these procedures.
6. In the event of employment, I hereby certify that the facts set forth in my application for employment are true, accurate, and complete. I understand that CICIP is relying on me to provide true, accurate, and complete information and that any employment decision is based upon these representations. If employed, I understand that false, misleading, or incomplete information or omissions, as determined CICIP's sole discretion, in my application, resume, or interview(s) may result in termination, whenever discovered, and that CICIP shall not be liable in any respect if any employment is so denied or terminated because of such false, misleading or incorrect statements, answers or omissions made by me.
7. I hereby acknowledge, by my signature below, that I have read or have had read to me Paragraphs 1, 2, 3, 4, 5, and 6 above, and that I understand the meaning and intent of this information.

CICIP grants equal opportunity to all qualified persons without regard to race, color, religion, gender, gender identity, genetic history, pregnancy, disability, age, national origin, military service obligations, veteran status, citizenship, sexual orientation, or any other category protected by law. CICIP provides equal opportunity in hiring, wages, promotions, benefits, and all other privileges, terms, and conditions.

Signature

Date

