

Contryman Associates, P.C.

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Hear About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	Salary Desired

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number				
	/ /				

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Are you available to work extra hours? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

OPTIONAL INFORMATION: (You are not required to answer the following questions)

Married _____ Spouses Full Name _____
Single _____ Your Age _____
Divorced _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		May We Contact This Employer?	Work Performed
		From	To		
Address					
Telephone Number(s)		Hourly Rate/Salary			
Job Title	Supervisor	Starting	Final		
Reason for Leaving					
Employer		Dates Employed		May We Contact This Employer?	Work Performed
		From	To		
Address					
Telephone Number(s)		Hourly Rate/Salary			
Job Title	Supervisor	Starting	Final		
Reason for Leaving					
Employer		Dates Employed		May We Contact This Employer?	Work Performed
		From	To		
Address					
Telephone Number(s)		Hourly Rate/Salary			
Job Title	Supervisor	Starting	Final		
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

CLASS STANDING:

I Ranked _____ Out of a Total of _____ in the Class.

(Note: Based on highest level of education completed)

Average High School or College Grades – ENGLISH ____ MATH ____ SPELLING ____
 TYPING ____ BOOKKEEPING ____

Specialized Skills: Certification or licenses held

Certification/license	Date Acquired	Current Status <i>(Active/Inactive)</i>	Renewal/Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Qualifications:

Summarize any additional job-related skills and qualifications, including biographical sketch, that you have acquired from employment or through other experience that you feel would be helpful to us in considering your application.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

References: (Other Than Relatives)

1. _____ (Name)	() _____ (Phone #)
_____	_____
(Address)	(How acquainted/occupation)
2. _____ (Name)	() _____ (Phone #)
_____	_____
(Address)	(How acquainted/occupation)
3. _____ (Name)	() _____ (Phone #)
_____	_____
(Address)	(How acquainted/occupation)

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? ____ YES ____ NO

If NO, what conditions may keep you from doing any part of the job? Please explain.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 the Employee may resign at any time and the Employer may discharge Employee 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 an authorized executive of this organization.

In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date