

Employment Application

DRUG-FREE WORKPLACE
All employees are subject to drug and alcohol testing procedures permitted under federal and state law.

PERSONAL DATA Please complete in ink.

Name (Last, First, Middle)		Contact Phone Number
Street Address		
City	State	Zip
E-mail Address		
Position(s) interested in?		
Salary Requirements _____ Hour/Year (Circle One)		Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state your age. _____
Have you ever worked for CTF? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where? _____		
If hired, can you supply proof that you are legally entitled to work in the United States for any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have friends or relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who? _____		
Can you work: <input type="checkbox"/> Anytime <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends Are there any times or days you cannot work? _____		
Have you ever been convicted of (1) a violent crime (i.e., assault, battery, murder, etc.), (2) a retail related crime (i.e., shoplifting, credit card fraud, robbery, theft, burglary, etc.), or (3) drug trafficking/distribution? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: A "yes" response will not automatically disqualify you from employment, but will be considered as part of your overall job-related qualifications for employment. You do not need to disclose any information regarding arrests or any criminal charges and/or convictions that have been erased, annulled, sealed and/or expunged from your record. If yes, please describe: _____ Please also provide any other information you would like the Company to consider about the conviction including but not limited to: the time that has elapsed since the offense, your age at the time of the offense, facts or circumstances surrounding the offense, the number of offenses for which you have been convicted, your employment history before and after conviction, evidence of rehabilitation, and/or other mitigating factors. Enter N/A if you answered No and this question does not apply to you. Please use additional pages if necessary to answer this question. _____ _____		

EDUCATION

Type of School	Name of School	Location of School	Area of Study	Last Year Completed	Did You Earn a Degree or Diploma?
High School				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES List names of three people (other than relatives) we may contact who have knowledge of your job-related skills.

	Name	Telephone Contact/E-mail Contact	Address/City/State	Relationship
1				
2				
3				

AN EQUAL OPPORTUNITY EMPLOYER

CTF is an Equal Opportunity Employer and does not discriminate in making employment decisions based upon race, color, sex, religion, national origin, age, disability, marital status, sexual orientation, or veteran or military status.

EMPLOYMENT HISTORY

BEGINNING WITH YOUR MOST RECENT EMPLOYER, LIST ALL EMPLOYMENT INCLUDING MILITARY SERVICE AND SELF-EMPLOYMENT. Please account for all periods of unemployment. All sections of this application must be complete even if a resume is attached.

If presently employed, may we contact your employer for references? Yes No May we contact you at your place of employment? Yes No

Name of present or last employer	Job Title/Responsibilities Was your position <input type="checkbox"/> Full time <input type="checkbox"/> Part time	From (Mo. & Yr.)	To (Mo. & Yr.)	
Address		Supervisor Name		
City, State, ZIP		Reason for leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Starting Salary \$	
Phone Number ()		Explain	Last Salary \$	
Name of previous employer	Job Title/Responsibilities Was your position <input type="checkbox"/> Full time <input type="checkbox"/> Part time	From (Mo. & Yr.)	To (Mo. & Yr.)	
Address		Supervisor Name		
City, State, ZIP		Reason for leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Starting Salary \$	
Phone Number ()		Explain	Last Salary \$	
Name of previous employer	Job Title/Responsibilities Was your position <input type="checkbox"/> Full time <input type="checkbox"/> Part time	From (Mo. & Yr.)	To (Mo. & Yr.)	
Address		Supervisor Name		
City, State, ZIP		Reason for leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Starting Salary \$	
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City, State, ZIP		Reason for leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Starting Salary \$	
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Address		Supervisor Name		
City, State, ZIP		Reason for leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Starting Salary \$	
Phone Number ()		Explain	Last Salary \$	

I understand that Community Transformers may contact former employers and/or personal references for the purpose of securing employment. Additionally, I authorize CTF to obtain any and all information from past employers, educational institutions, government agencies and/or personal references concerning my work history, performance, and personal character. I attest that I am legally authorized to work in the U.S. and understand I will be required to provide proof of residency or immigration status. I further understand that any job offer or continued employment is contingent upon favorable verification of my references and background. Finally, by signing this application, I certify that all information provided on this application is accurate to the best of my recollection, and that any false statements or omissions may be grounds for termination, if hired. Submit your completed application to dobarrow@cmtytans.com or mail to Community Transformers Foundation, 311 Clawson Ave, Hopewell, Virginia 23860.

Signature _____

Date _____