



EMPLOYMENT APPLICATION

Commercial Works, Inc., all its affiliates, and its clients are equal opportunity employers and do not discriminate against otherwise qualified applicants on the basis of race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state, or local law. In accordance with Americans with Disability Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. This application for employment shall be active for 60 days.

Please be as thorough and specific as possible in response to all questions on this application. If you do not understand a question, or if you have any comments or concerns, please notify a Commercial Works Representative.

IDENTIFICATION

Name (Last)		(First)	(Middle)
Address (Number) (Street)		(City)	(State) (Zip)
Home Phone Number (Area Code & No.)	Cell Phone Number (Area Code & No.)	Social Security Number	Are you at least 18 years old? Yes No

Position applied for:	When will you be available to start work:
	Are there any days or hours you will not work? Yes No
	If yes, please explain:
Applying for: Full Time Part Time Either	Are you available for out of town work? Yes No
Salary or Hourly Rate Expected	Are you available to work overtime? Yes No
\$ _____ Per _____	Are you legally eligible to work in the United States? Yes No
	Proof of eligibility will be required at the time of employment.

GENERAL INFORMATION

What prompted your application or who referred you to us?		Own Accord	Placement Agency
Recruiting Sign	Another Employee	Advertisement	Rehire Other _____
Office and Computer Skills			
Typing (W.P.M. _____) Data entry (keystroke speed _____)			
Computer Software Language Skills (check all that apply) MS Word MS Excel MS Access MS PowerPoint			
Other office, accounting, human resource, payroll software (list here) _____			
Ever you ever applied or worked here before? Yes No If yes, when _____			
Name any relatives working for this company. (This is neither an advantage nor disadvantage. It helps us with placement.)			
Have you ever pled guilty to a crime or been convicted of a crime? Yes No (A conviction will not necessarily result in denial of employment)			
If YES , please explain, giving date, offense, disposition, state and county.			
Date	Conviction Description	Disposition	State Conviction Occurred County Conviction Occurred

EDUCATION/ TRAINING

	Name and location of school/training	No. Years Completed	Diploma/ Degree	Program or major course	G.P.A.
Last High School					
College/ University, Business/ Technical Schools					
Graduate School					
Subject of special study or research					
Extracurricular activities in high school and/or college					

PROFESSIONAL REFERENCES

List three persons who have known you on a professional, business basis for at least one year. Please exclude relatives or present/former supervisors you will mention in the employment section.

Name	Address	Phone No.	Business

EMPLOYMENT HISTORY

List all employment *and* periods of unemployment during the last 10 years.

You may list employment prior to 10 years ago which is related to the job you are seeking or if you wish to have it considered. You are not required to list military service, but you may do so if it is related to your career and you wish to have it considered.

Present Employer (Company Name) or period of unemployment		Telephone Number	From Mo./ Yr.	To Mo./ Yr.
Employer's Address	City	State	Zip	Department Supervisor
Your Job Title	Your name at the time	Salary	Full Time Regular	Part Time Temp
Describe duties, equipment operated and special accomplishments				
Reason for leaving				
May we call or contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Previous Employer (Company Name) or period of unemployment		Telephone Number	From Mo./ Yr.	To Mo./ Yr.
Employer's Address	City	State	Zip	Department Supervisor
Your Job Title	Your name at the time	Salary	Full Time Regular	Part Time Temp
Describe duties, equipment operated and special accomplishments				
Reason for leaving				

Previous Employer (Company Name) or period of unemployment				Telephone Number	From Mo./ Yr.	To Mo./ Yr.
Employer's Address			City	State	Zip	Department
			Supervisor			
Your Job Title		Your name at the time		Salary	Full Time Regular	Part Time Temp
Describe duties, equipment operated and special accomplishments						
Reason for leaving						
Previous Employer (Company Name) or period of unemployment				Telephone Number	From Mo./ Yr.	To Mo./ Yr.
Employer's Address			City	State	Zip	Department
			Supervisor			
Your Job Title		Your name at the time		Salary	Full Time Regular	Part Time Temp
Describe duties, equipment operated and special accomplishments						
Reason for leaving						

STATEMENT OF CERTIFICATION, AUTHORIZATION, AND AGREEMENT

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation, or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

(Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.)

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I also understand that in accordance with Commercial Works' policies, a drug test and background check will be required. Failure to submit to a drug test or a positive result will forfeit any job offer, or will result in immediate termination from employment if already employed.

I hereby consent to the duly authorized representatives of Commercial Works to contact any of my current or former employers, any of the institutions I have attended and any other person or organization that I have listed that might have information relevant to my application. I further consent to those persons or organizations divulging any information to Commercial Works, notwithstanding that it might otherwise be confidential. I understand that any information obtained by Commercial Works in the course of those contacts will be treated in the strictest confidentiality. I also understand that a criminal, consumer, and motor vehicle background report will be obtained prior to any offer of employment.

I understand and agree that Commercial Works is an "at will" employer and this means that my compensation can be changed by the company at any time or my employment can be terminated by me or the company at any time and with or without just cause.

I understand that I must adhere to the policies and procedures of Commercial Works while I am an employee of the company.

Applicant Signature

Today's Date



COMMERCIAL WORKS, INC.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)2(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208) (the *Act*), you are being informed that a consumer report (as defined in the Act), that among other things, verifies your previous employment, previous drug and alcohol test results, your driving record and criminal history may be obtained on you and may be used for employment purposes. If any adverse action is taken with respect to you that is based in whole or in part of any information contained in a consumer report, you have the right to obtain a free copy of the consumer report on you from the consumer reporting agency if you make a request for such report no later than 60 days after your receipt by you of notice of the adverse action. You shall also have the right to dispute with the consumer reporting agency the accuracy or completeness of any information in a consumer report furnished by the agency.

Please refer to the attached Summary of Rights under the Fair Reporting Act for more details. My signature bellows acknowledges I have received the Summary of Rights under the Fair Reporting Act.

Applicant's Signature

Today's Date

Print Name