

# Commonwealth Testing, Inc.

## EMPLOYMENT APPLICATION

(Please Print)

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, AND GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: \_\_\_\_\_ How did you learn about the position? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_ Date Available? \_\_\_\_\_

Days Available? \_\_\_\_\_ Hours Available to Work? \_\_\_\_\_ Willing to Travel [  ] Yes [  ] No

Are you a U.S. citizen? [  ] Yes [  ] No if No are you authorized to work in the U.S? [  ] Yes [  ] No

Have you ever been arrested for, charged with or convicted of a misdemeanor? [  ] Yes [  ] No

Have you ever been arrested for, charged with or convicted of a felony? [  ] Yes [  ] No

If yes, please describe circumstances in full detail including dates, detail of the offense(s), charge and disposition of the case:

Have you ever applied with this company? [  ] Yes [  ] No If yes, When? \_\_\_\_\_

### EDUCATION

School Name	Location City & State	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: \_\_\_\_\_

List other information pertinent to the employment you are seeking: \_\_\_\_\_

### MILITARY SERVICE

Branch: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Served: From \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharged: \_\_\_\_\_ If other than honorable, explain: \_\_\_\_\_

# Commonweath Testing, Inc.

## EMPLOYMENT (Most Recent First.)

1. Employer \_\_\_\_\_  
Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title / Prior Position Held within Company: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact previous employer/supervisor for a reference? [ ] Yes [ ] No

2. Employer \_\_\_\_\_  
Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title / Prior Position Held within Company: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact previous employer/supervisor for a reference? [ ] Yes [ ] No

3. Employer \_\_\_\_\_  
Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title / Prior Position Held within Company: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact previous employer/supervisor for a reference? [ ] Yes [ ] No

4. Employer \_\_\_\_\_  
Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title / Prior Position Held within Company: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact previous employer/supervisor for a reference? [ ] Yes [ ] No

## ACKNOWLEDGMENT AND AUTHORIZATION

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 60 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 the event of employment, I understand that false or misleading information given on 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