

APPLICATION FOR EMPLOYMENT

Please fully and accurately complete each question. Incomplete applications may not be considered.

PERSONAL INFORMATION

Date of Application: _____

Name: _____ Social Security No. _____ Date of Birth _____
Last, First, Middle Initial

Address: _____
Street City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____ E-Mail: _____

Are you at least 21 years old? _____

How did you hear about Cutting Edge Selections? (job posting, friend, walk-in, etc.)

Have you ever worked for or applied for work at this Company? _____ Do you have any relatives working for us? _____

Are you legally authorized to work in the United States? _____ Do you require sponsorship for employment visa status (e.g. H-1B)? _____

Would you agree to criminal and other applicable background checks before and/or after employment as a condition of employment? _____

POSITION/AVAILABILITY

Position desired: _____ Location desired: _____ Salary Expectation: _____ Available start date: _____

Work schedule desired: Part-time _____ Full-time _____ Days available to work: _____

Can you work overtime? _____ If Yes, how much? _____

Describe why you want a position with our Company: _____

Describe any formal schooling or training related to this work: _____

List any licenses, certificates, or professional affiliations you have: _____

List any special skills you may have (computer, machine operation, second language, etc.): _____

EDUCATION AND TRAINING

	School Name and Location	Major and Degree Obtained	Grade Point Average	Number of Years Completed	Did you Graduate?
High School or GED					
College or University					
Graduate School					
Other Education or Training					

EMPLOYMENT RECORD

Are you currently employed? _____ How much notice must you give to your employer? _____

GIVE A COMPLETE ACCOUNT OF YOUR EMPLOYMENT, BEGINNING ON THE FIRST LINE WITH YOUR PRESENT OR MOST RECENT POSITION AND WORKING BACK.

1. Employer _____ Address _____ Phone (____) _____

From _____ to _____ Supervisor's name and title _____
(mm/yy) (mm/yy)

Job title and main duties: _____

Base Pay _____ Bonus, Incentive, and Commission Pay _____

May we contact this employer for an employment reference (Y/N)? _____ If "No", why not? _____

Reason for leaving : _____

2. Employer _____ Address _____ Phone (____) _____

From _____ to _____ Supervisor's name and title _____
(mm/yy) (mm/yy)

Job title and main duties: _____

Base Pay _____ Bonus, Incentive, and Commission Pay _____

May we contact this employer for an employment reference (Y/N)? _____ If "No", why not? _____

Reason for leaving : _____

3. Employer _____ Address _____ Phone (____) _____

From _____ to _____ Supervisor's name and title _____
(mm/yy) (mm/yy)

Job title and main duties: _____

Base Pay _____ Bonus, Incentive, and Commission Pay _____

May we contact this employer for an employment reference (Y/N)? _____ If "No", why not? _____

Reason for leaving : _____

4. Explain any large gaps in unemployment (including periods of military/public service): _____

APPLICANT AGREEMENT (Read carefully before signing.) All information provided by me, including any accompanying resume, is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or, if employed, may result in subsequent dismissal. I voluntarily give the Company the right to make a thorough investigation of my past employment and activities, and I agree to cooperate in such investigation and release from all liability and hold harmless all persons, companies or corporatives supplying such information. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the Company. I agree to take a job related physical examination and/or a drug/alcohol test when requested as a condition of employment. I agree to comply with all rules of the Company as a condition of employment.

Signature _____

Date _____

VOLUNTARY Equal Employment Opportunity Commission (EEOC) Information

Our Company provides equal employment opportunity to all applicants and employees without regard to race, color, age, sex, religion, national origin, disability, or veteran status. The United States Government collects certain information about job applicants. To comply with these record keeping requirements and to determine recruiting and employment patterns, we request that you answer the following questions. **Completion of this section is voluntary and is not a requirement for employment.** The information you provide will in no way affect our decision regarding your application for employment. This data will be kept confidential and will be kept separately from regular personnel files.

Name: _____ Date _____
Last First Middle Initial

Position for which you are applying: _____

Race (Mark Yes for Choice): Hispanic or Latino _____ **Gender (Mark Yes for Choice):**
American Indian/Alaskan Native _____ FEMALE _____
Asian _____ MALE _____
Black or African American _____
Native Hawaiian / Pacific Islander _____
White _____
Two or More Races (Not Hispanic or Latino) _____

I belong to the following Classifications of Protected Veterans (Indicate ALL that apply with Yes):

Disabled Veteran _____	DATE OF SEPARATION ___ / ___ / _____
Recently Separated Veteran _____	
Active Wartime or Campaign Badge Veteran _____	
Armed Forces Service Medal Veteran _____	
I am a protected veteran, but I choose not to self-identify the classifications to which I belong _____	
I am NOT a protected veteran _____	

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.