



The Center for People with Disabilities

Application for Employment

(Please Print Clearly)

Date _____

PERSONAL INFORMATION

Name _____
last first middle initial

Address _____
Street city state zip code

Phone _____ Social Security No. _____

If you are less than 18 years of age, do you have a work permit? Yes No

If not a U.S. citizen, do you have the right to remain permanently and work in the U.S.A.? Yes No

Alien Reg. No. _____

EMPLOYMENT DESIRED

Position applied for _____

Shift you can work Day Evening Either Hours desired Full time Part time Temporary

How did you learn of this opening? _____

Date you can start _____

Have you ever applied to CPWD before? Yes No When _____

Have you ever worked for CPWD before? Yes No

When _____ Supervisor _____

Reason for leaving _____

EDUCATION

Highest grade completed (circle) 9 10 11 12 1 2 3 4 1 2 3 4
High School College Post-grad

Name and location of last school attended _____

Vocational or trade training _____

Extracurricular activities when in school _____

Area of specialization or major interest _____

Professional organization memberships, honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying _____

LICENSURE

If you are applying for a licensed position:

License No. _____ Expiration Date _____

FORMER EMPLOYERS

List your work experience below, starting with either your present or most recent employer.

Date Employed	Name/Address of Employer	Name of Supervisor	Position(s) Held.
from _____			start _____
to _____			finish _____
from _____			start _____
to _____			finish _____
from _____			start _____
to _____			finish _____
from _____			start _____
to _____			finish _____
from _____			start _____
to _____			finish _____

May we contact your present employer at this time? Yes No

REFERENCES

List three persons who know you well. Do not include relatives or former employers.

Name	Address	Phone	Years acquainted with you

EMPLOYMENT UNDERSTANDING (Please read and sign)

CPWD does not discriminate in hiring or any other decision on the basis of race, color, gender, citizenship, national origin, ancestry, Vietnam veteran status, age, physical disability and mental disability. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give CPWD the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability and responsibility all persons, companies, or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by CPWD at such times and places as CPWD shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will complete an Employment Verification Form (I-9) within three days to show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____

Date _____