**Canebridge International Corporation**

****

 **EMPLOYMENT / JOB APPLICATION**

|  |
| --- |
| **PERSONAL INFORMATION** |

**FULL NAME:**   **DATE:**

First Middle Last

**ADDRESS:**

Street Address Apt/Suite

City State Zip Code

**E-MAIL:**   **PHONE:**

**DATE OF BIRTH: (MONTH) (DAY) (YEAR)**

**SOCIAL SECURITY NUMBER (SSN):**

**DRIVER’S LICENSE NUMBER:** **STATE:**

**DATE AVAILABLE:**  **DESIRED PAY**: $

**POSITION APPLIED FOR:**

**EMPLOYMENT DESIRED:** [ ]  FULL-TIME [ ]  PART-TIME [ ]  SEASONAL

**AVAILABILITY:**

|  |
| --- |
| **EMPLOYMENT ELIGIBILITY** |

**ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S?** [ ]  YES [ ]  NO

**HAVE YOU EVER WORKED FOR THIS CANEBRIDGE INTERNATIONAL CORPORATION?** [ ]  YES [ ]  NO

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?** [ ]  YES\* [ ]  NO

**DO YOU HAVE ANY PENDING CRIMINAL CHARGES?** [ ]  YES\* [ ]  NO

**\*IF YES, PLEASE EXPLAIN:**

**DO YOU HAVE A VALID DRIVER’S LICENSE?** [ ]  YES [ ]  NO

**HAVE YOU HAD ANY TRAFFIC VIOLATIONS IN THE LAST 7 YEARS?** [ ]  YES [ ]  NO

**HAS YOUR DRIVER’S LICENSE BEEN SUSPENDED, REVOKED OR RESTRICTED IN THE LAST 7 YEARS?** [ ]  YES [ ]  NO

**HAVE YOU BEEN INVOLVED IN A VEHICULAR ACCIDENT IN THE LAST 7 YEARS?** [ ]  YES [ ]  NO

**DO YOU KNOW OF ANY REASON WHY YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THIS POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMODATION?** [ ]  YES\* [ ]  NO

**\*IF YES, PLEASE EXPLAIN:**

**THE FOLLOWING ARE THE MINIMUM ELIGIBILITY REQUIREMENTS FOR EMPLOYMENT WITH CANEBRIDGE INTERNATIONAL CORPORATION:**

**MINIMUM OF 18 YEARS OLD**

**ABILITY TO MAKE A PHYSICAL ARREST (SECURITY) AND ASSIST POLICE, EMS OR FIRE DEPARTMENT WHEN REQUESTED**

**MUST POSSESS A HIGH SCHOOL DIPLOMA OR GED**

**MUST BE ABLE TO READ, WRITE, AND SPEAK ENGLISH**

**ABILITY TO WITHSTAND INCLEMENT WEATHER AND/OR EXTENDED PERIODS OF WALKING AND STANDING**

**POSSESS A VALID DRIVER’S LICENSE**

**QUALIFIED TO WORK IN THE UNITED STATES**

**MUST WEAR OUR PROFESSIONAL UNIFORM AND MAINTAIN HIGH STANDARDS OF GROOMING AND APPEARANCE**

**MUST HAVE A CLEAR CRIMINAL HISTORY**

|  |
| --- |
| **EDUCATION** |

**HIGH SCHOOL:**  CITY / STATE:

FROM: TO:

GRADUATE? [ ]  YES [ ]  NO DIPLOMA:

**COLLEGE:**  CITY / STATE:

FROM: TO:

GRADUATE? [ ]  YES [ ]  NO DEGREE:

**OTHER:**  CITY / STATE:

FROM: TO:

DEGREE/CERTIFICATION:

**OTHER:**  CITY / STATE:

FROM: TO:

DEGREE/CERTIFICATION:

|  |
| --- |
| **PREVIOUS EMPLOYMENT**  |

**EMPLOYER 1:**

 Company / Individual

E-MAIL: PHONE:

ADDRESS**:**

Street Address Apt/Suite

City State Zip Code

JOB TITLE: RESPONSIBILITIES:

FROM: TO:

REASON FOR LEAVING:

**EMPLOYER 2:**

 Company / Individual

E-MAIL: PHONE:

ADDRESS**:**

Street Address Apt/Suite

City State Zip Code

JOB TITLE: RESPONSIBILITIES:

FROM: TO:

REASON FOR LEAVING:

**EMPLOYER 3:**

 Company / Individual

E-MAIL: PHONE:

ADDRESS**:**

Street Address Apt/Suite

City State Zip Code

JOB TITLE: RESPONSIBILITIES:

FROM: TO:

REASON FOR LEAVING:

PLEASE SUMMARIZE YOUR QUALIFICATIONS FOR THE POSITION YOU APPLIED FOR:

|  |
| --- |
| **REFERENCES**(PROFESSIONAL ONLY)  |

**FULL NAME:** RELATIONSHIP:

 First Last

COMPANY: TITLE:

E-MAIL: PHONE:

**FULL NAME:**  RELATIONSHIP:

 First Last

COMPANY: TITLE:

E-MAIL: PHONE:

|  |
| --- |
| **MILITARY SERVICE**  |

**ARE YOU A VETERAN?** [ ]  YES [ ]  NO

BRANCH**:**  RANK AT DISCHARGE:

FROM: TO:

TYPE OF DISCHARGE:

IF NOT HONORABLE, PLEASE EXPLAIN:

|  |
| --- |
| **BACKGROUND CHECK CONSENT**  |

**IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?** ☐ YES ☐ NO

|  |
| --- |
| **DISCLAIMER**  |

**I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING TERMS AND CONDITIONS OF EMPLOYMENT:**

EMPLOYMENT RECORDS ARE SUBJECT TO INSPECTION AND REVIEW BY APPROPRIATE MANAGEMENT AND DESIGNATED THIRD PARTY REPRESENTATIVES

THE INFORMATION I HAVE SUPPLIED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT(S) MAY BE GROUNDS FOR REJECTION OR TERMINATION

CONSIDERATION FOR EMPOYMENT IS CONTINGENT ON THE RESULTS OF BACKGROUND AND REFERENCE CHECKS. THIS MAY INCLUDE DRUG SCREENING, PROOF OF EDUCATION, DRIVER’S LICENSE AUDIT, EMPLOYMENT HISTORY INVESTIGATION AND CRIMINAL BACKGROUND CHECK. I AUTHORIZE THE ONGOING PROCUREMENT OF THE ABOVE AT ANY TIME DURING MY EMPLOYMENT IF HIRED. I AUTHORIZE CANEBRIDGE INTENATIONAL CORPORATION TO INVESTIGATE ALL STATEMENTS MADE ON APPLICATION AND TO DISCUSS THE RESULTS WITH THOSE RESPONSIBLE FOR HIRING.

I AUTHORIZE CANEBRIDGE INTERNATIONAL CORPORATION TO CONTACT FORMER EMPLOYER(S), PERSONAL AND PROFESSIONAL REFERENCES. I GIVE MY CONSENT TO THOSE CONTACTED TO RESPOND TO QUESTIONS PERTAINING TO INFORMATION ON THIS APPLICATION AND WAIVE ANY LIABILITY OR CAUSE OF ACTION AGAINST CANEBRIDGE OR THE REFERENCES CONTACTED.

THIS EMPLOYMENT APPLICATION IS CONSIDERED ACTIVE FOR 90 DAYS.

SUBMITTING AN APPLICATION IS NOT A GUARANTEE OF AN INTERVIEW. IF HIRED, I KNOW THAT MY EMPLOYMENT WITH CANEBRIDGE IS AT WILL AND CAN BE TERMINATED AT ANY TIME, WITHOUT NOTICE OR GIVEN REASON.

THIS APPLICATION IS THE PROPERTY OF CANEBRIDGE INTERNATIONAL CORPORATION

All information on this employment application form must be provided in order for it to be valid. This employment application is not intended to elicit information that may be used in a discriminatory manner. Employment related decisions are not based on age, gender, race, color, national origin, handicap, disability, veteran status or any other legally protected status.

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE** [\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_](http://www.esign.com/) DATE

**Direct deposit information: Checking ( ) Savings ( )**

**Name of bank:**

**Routing number:**

**Account number:**