



Employee Referral - \_\_\_\_\_

# Application for Employment

Equal Opportunity Employer. This application for employment will not be considered unless fully completed.

\_\_\_\_\_  
Last Name First Name Middle Name Social Security Number

\_\_\_\_\_  
Street Address ( ) ( )

\_\_\_\_\_  
City, State and Zip Code Telephone Number Alternative Number

Have you ever been employed by CPI or any of its subsidiaries? If Yes: \_\_\_\_\_ / \_\_\_\_\_  
Yes  No  Location Dates of Employment

\_\_\_\_\_  
Reason for leaving Name Employed Under if Now Different

\_\_\_\_\_  
Position you are applying for Rate of Pay expected Date you can start work

List relatives employed by CPI, how related and where they work

\* \* \* \* \*

Are you 18 Years of age or older?  
Yes  No

Type of employment you are seeking  Part Time  
Note: Part time is less than 30 hours/wk.  Full Time

If under 18, applicant will be required to submit a birth certificate or a work certificate as required by the state or federal laws.

Do you use tobacco products? Yes  No

Can you, after employment, submit verification of your legal right to work in the United States? YES  NO

Check the highest level or equivalent completed:  
Elementary School High School College/Tech

Are you currently a student?

8 or Less

9 10 11 12

1 2 3 4

Yes  No

Name of college, university or vo-tech attended: \_\_\_\_\_

EMPLOYMENT HISTORY – List entire employment history, starting with your present or most recent employer. For any unemployed or self-employed periods show dates and location. (Attach additional sheets if necessary.)

|                       |                          |                           |
|-----------------------|--------------------------|---------------------------|
| Company Name: _____   | Your Job: _____          | Last Pay Rate: _____      |
| Address: _____        | Supervisor's Name: _____ | Reason for Leaving: _____ |
| City/State/Zip: _____ | Dates Employed - _____   |                           |
| Phone #: _____        | From: _____              | To: _____                 |

|                       |                          |                           |
|-----------------------|--------------------------|---------------------------|
| Company Name: _____   | Your Job: _____          | Last Pay Rate: _____      |
| Address: _____        | Supervisor's Name: _____ | Reason for Leaving: _____ |
| City/State/Zip: _____ | Dates Employed - _____   |                           |
| Phone #: _____        | From: _____              | To: _____                 |

|                       |                          |                           |
|-----------------------|--------------------------|---------------------------|
| Company Name: _____   | Your Job: _____          | Last Pay Rate: _____      |
| Address: _____        | Supervisor's Name: _____ | Reason for Leaving: _____ |
| City/State/Zip: _____ | Dates Employed - _____   |                           |
| Phone #: _____        | From: _____              | To: _____                 |

\*If currently employed, may we contact your employer? Yes  No

Have you ever been convicted of a felony? Yes  No   
 Conviction of a felony will not automatically disqualify you from employment. If yes, please identify the crime for which you were convicted, the date of the conviction and the location of the court in which you were convicted. \_\_\_\_\_

AVAILABILITY – To help us consider you for a job that matches your availability, please tell us the earliest and the latest time you can work each day.

| Day         | Earliest Time | Latest Time |
|-------------|---------------|-------------|
| Sunday -    | _____         | _____       |
| Monday -    | _____         | _____       |
| Tuesday -   | _____         | _____       |
| Wednesday - | _____         | _____       |
| Thursday -  | _____         | _____       |
| Friday -    | _____         | _____       |
| Saturday -  | _____         | _____       |

List two (2) people (no relatives) you have worked with and whom we may contact for a reference if necessary.

Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you available to work nights? Yes  No

**IMPORTANT – We are glad you are interested in joining the Community Publishers family. Please read the following statements carefully before you sign and return this application.**

The company, in considering my application for employment, may verify the information set for the on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations and law enforcement agencies to supply any information concerning my background. I have read, understand and agree to this statement, (please initial here). \_\_\_\_\_

I understand that Community Publishers, Inc. has a commitment to maintain an alcohol/drug free workplace and that CPI, unless prohibited by state law, requires a drug screening test as a part of its selection, hiring and work process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If any detectable amounts are found in my body, a second test, approved by the NIDA will be performed on the same specimen. If the results of the second test are also positive, I will be disqualified from consideration for employment and any offer of employment withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing which under certain circumstances may include random testing during my employment. I have read, understand and agree to this statement, (please initial here). \_\_\_\_\_

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration of employment or, if employed my dismissal. I understand that this application is not a contract, offer or promise of employment and that if hired I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time with or without cause. I further understand that no one other than the President of Community Publishers, Inc. has the authority to enter into an employment contract or agreement with me, and that my at-will employment can be charged only by a written agreement signed by the President or Community Publishers, Inc. I have read, understand and agree to this statement, (please initial here). \_\_\_\_\_

I understand that this application is good for sixty (60) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires.

\_\_\_\_\_ Date of Application \_\_\_\_\_ Signature as shown on Social Security Card



# COMMUNITY PUBLISHERS, INC

Equal Opportunity Employer

## **VOLUNTARY IDENTIFICATION FORM**

(This form is to be completed in conjunction with the CPI Application)

As an employer we comply with various laws and regulations, which require us to compile annual reports on applicants and employees.

Submitting this information is "voluntary" and refusal to provide it will not subject you to any adverse treatment. This supplement will be kept confidential and maintained separately from your application and/or personnel file.

NAME :

DATE:

*(please print)*

POSITION APPLYING FOR:

WORK LOCATION:

### **IDENTIFICATION –**

#### **Gender Classification:**

- Female
- Male

#### **EEO Classification:**

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Hispanic or Latino
- Asian (Not Hispanic or Latino)
- American Indian or Alaskan Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

### **REFERRAL SOURCE –**

- Advertisement
- Walk-In
- Employee - \_\_\_\_\_
- Website/Internet - \_\_\_\_\_
- Job Posting – School/Agency - \_\_\_\_\_
- Other - \_\_\_\_\_

Signature

Date