

# APPLICATION FOR EMPLOYMENT



EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

FIRST NAME	LAST NAME	APPLICATION DATE	
PRESENT ADDRESS	CITY	STATE	ZIP
RESIDENT PHONE	MOBILE PHONE	HOW DID YOU HEAR ABOUT US?	

## EMPLOYMENT DESIRED

POSITION DESIRED	DATE YOU CAN START	INCOME DESIRED
ARE YOU CURRENTLY EMPLOYED?	MAY WE CONTACT YOUR CURRENT EMPLOYER?	
DO YOU HAVE ANY PREVIOUS EXPERIENCE FOR DESIRED POSITION? (PLEASE GIVE DETAILS)		

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS SCHOOL			

## FORMER EMPLOYMENT

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

## REFERENCES

PLEASE GIVE BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS		
PHONE	TYPE OF BUSINESS	YEARS KNOWN	
NAME	ADDRESS		
PHONE	TYPE OF BUSINESS	YEARS KNOWN	

**Have you ever been convicted of a Felony?** (if yes, please give details)


**Why do you want to work for Capital Merchant Solutions, Inc?**


**What qualities, or strengths would you bring to CMS if offered a position?**


**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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