



## Application for Employment

Employment at AlliedCook CMS requires a valid driver's license and a pre-employment examination. AlliedCook CMS is an Equal Opportunity Employer. Applicants will be considered for all positions without regard to sex, age, national origin, race, color, religion, marital status, veteran status, mental or physical handicap.

Date of Application: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### General Information

What type of position are you seeking? \_\_\_\_\_

What tools do you own to use in this position? \_\_\_\_\_

What work experiences or skills do you have that you feel would especially qualify you to work with us?

\_\_\_\_\_  
\_\_\_\_\_

How were you referred to us? \_\_\_\_\_

What rate of pay are you looking for? \_\_\_\_\_ If hired, when will you be able to start work? \_\_\_\_\_

Will you work overtime if asked? \_\_\_\_\_ Are you available to work: \_\_\_ Full Time \_\_\_ Part Time

### Circle one:

Yes No Have you ever worked for us before? If yes, indicate when: \_\_\_\_\_

Yes No Are you employed now? If yes, may we contact your present employer? \_\_\_\_\_

Yes No Have you ever been convicted of crimes other than minor motor vehicle violations? If yes, describe: \_\_\_\_\_

Yes No Have you had any previous physical injuries, surgery, or mental impairment that would prevent you from performing the job you are applying for? If yes, describe impairment(s) and explain the work limitation: \_\_\_\_\_

Yes No Do you have any military reservist obligations? \_\_\_\_\_

Yes No Do you have a current driver's license? If yes, what class(es)? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Yes No Do you have a vehicle available to drive to work?

### Employment History

Please list all permanent employment since high school (Start with your present or most recent position first).

Period of Employment From/To	Name, Address, and Phone Number of Employer	Jobs or Positions Held	Hourly Earnings	Name of Supervisor	Reason for Leaving
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### Educational Background

School	Name and Address	Dates From/To	Graduated	Course or Major
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High School			Yes No	
College			Yes No	
Business or Trade			Yes No	
Other			Yes No	

### Applicant's Certification

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements and material omissions on this application shall be considered sufficient cause for immediate dismissal. I authorize Allied/Cook CMS to investigate all statements in this application for employment to whatever extent they deem necessary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Interviewer: \_\_\_\_\_

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

Comments: \_\_\_\_\_