



Cornerstone Copy Center Employment Application

Cornerstone Copy Center will provide equal employment opportunities to all applications regardless of race, color, creed, religion, national origin, gender, disability, age, marital status, status with regard to public assistance, affectional preference or past substance abuse. Please complete this application as completely as possible to help us learn about your abilities, experiences and interests. We will use this information, comparing it with our needs, to make a decision as quickly as possible.

Name		Social Security Number			
Position Applying For		Date			
Present Address	Street Address		Email Address		
	City-State-Zip Code		Phone		
General Information	Are you older than 18? <input type="radio"/> Yes <input type="radio"/> No	Are you a US citizen or do you have permission to work? <input type="radio"/> Yes <input type="radio"/> No		What date are you able to begin work?	
	Have you ever been convicted of a crime? <input type="radio"/> Yes <input type="radio"/> No If yes, give dates and explanation				
Education History	SCHOOLS ATTENDED (List most recent school first)	Number of Years Attended	Graduate? Yes/No	Type of Degree	Major/Minor
	High School				
Employment Record <small>List most current employment first. Include volunteer and military service</small>	Employer		Job Title		
	Street Address		Employment Date (mo/yr) From: To:		Total (Years/Months)
	City-State-Zip Code		Supervisor's Name and Telephone No.		May we contact now? <input type="radio"/> Yes <input type="radio"/> No
	Summarize Your Job Duties				
	Reason For Leaving.				
	Employer		Job Title		
	Street Address		Employment Date (mo/yr) From: To:		Total (Years/Months)
	City-State-Zip Code		Supervisor's Name and Telephone No.		May we contact now? <input type="radio"/> Yes <input type="radio"/> No
	Summarize Your Job Duties				
	Reason For Leaving				

Employment Record	Employer		Job Title	
	Street Address		Employment Date (mo/yr) From: To:	Total (Year/Months)
	City-State-Zip Code	Supervisor's Name and Telephone No.		May we contact now? o Yes o No
	Summarize Your Job Duties			
	Reason For Leaving			
	Employer		Job Title	
	Street Address		Employment Date (mo/yr) From: To:	Total (Year/Months)
	City-State-Zip Code	Supervisor's Name and Telephone No.		May we contact now? o Yes o No
	Summarize Your Job Duties			
	Reason for Leaving			
Licensure/ Certification	Type	State	Current Number	Expiration Date
Professional References (names and phone numbers)	1. _____			
	2. _____			
	3. _____			
Additional Information	Please include any additional information you think might be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, etc.			

I acknowledge and agree to the following:

To the best of my knowledge, the information included in this application is accurate and true. I understand that misrepresentation or omission of facts in connection with my application may be sufficient cause, in and of itself, for dismissal whenever discovered.

I authorize Cornerstone Copy Center at its discretion to investigate any or all current or former employment, education or background information at any time during the application process. If the employer has reason to conduct an investigation of any aspect of my former or current employment, education or background during my employment at Cornerstone Copy Center, I will be notified. I also authorize any appropriate persons, companies, corporations, public agencies, and/or educational facilities to furnish Cornerstone Copy Center with any information concerning my employment and educational background they may have on record.

Signature	Date
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