

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH YOUR LAST ONE FIRST

LAST EMPLOYER: _____ PHONE: _____

EMPLOYER'S ADDRESS: _____

STARTING DATE: _____ LEAVING DATE: _____
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

JOB TITLE: _____ NAME OF SUPERVISOR _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING _____

LAST EMPLOYER: _____ PHONE: _____

EMPLOYER'S ADDRESS: _____

STARTING DATE: _____ LEAVING DATE: _____
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

JOB TITLE: _____ NAME OF SUPERVISOR _____

DESCRIPTION OF WORK: _____

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WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

JOB TITLE: _____ NAME OF SUPERVISOR _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING _____

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME KNOWN | ADDRESS & PHONE NO. | OCCUPATION | YEARS |
|------------|---------------------|------------|-------|
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ADDITIONAL QUESTIONS THE FOLLOWING ARE QUESTIONS RELATED TO **CSLLC** JOB POSITIONS, YOU MAY CHOOSE TO DISCUSS ANY OF THESE QUESTIONS WITH YOUR **CSLLC** INTERVIEWER IF YOU HAVE ANY CONCERNS ABOUT ANSWERING THEM.

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

HAVE YOU EVER HAD A SERIOUS ILLNESS OR INJURY? YES NO IF YES, DESCRIBE: _____

DO YOU HAVE ANY RESPONSIBILITIES OR COMMITMENTS THAT PREVENT YOU FROM MEETING WORK SCHEDULES? _____

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? YES NO IF YES, WHAT NAME: _____

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST FIVE YEARS? YES NO IF YES, PLEASE DESCRIBE*: _____

*YOU WILL NOT BE DENIED EMPLOYMENT SOLEY BECAUSE OF A CONVITION RECORDED, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____

PLEASE READ AND ACKNOWLEDGE ALL STATEMENTS BELOW REGARDING CONDITIONAL EMPLOYMENT WITH CSLLC.

I UNDERSTAND AND AGREE THAT I WILL BE REQUIRED TO HAVE A PHYSICAL EXAMINATION, AND A DRUG TEST AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY THE COMPANY AND TO RELEASE THE COMPANY, ITS DIRECTORS, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST(S). YES NO

I UNDERSTAND AND AGREE THAT THE INFORMATION PROVIDED REGARDING THE JOB DESCRIPTION, WHETHER WRITTEN OR VERBAL, IS GENERAL AND MAY VARY ACCORDING TO MY ABILITY AND COMPANY NEED. YES NO

I UNDERSTAND AND AGREE THAT ANY FALSE INFORMATION PROVIDED ON MY APPLICATION MAY RESULT IN TERMINATION. I CERTIFY THAT THE FACTS PROVIDED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. YES NO

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND FOR ALL REFERENCES LISTED HEREIN TO RELEASE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL AND OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO **CSLLC**. YES NO

I UNDERSTAND AND AGREE THAT FOR THE FIRST 90 DAYS MY EMPLOYMENT IS CONDITIONAL AND THAT AT THE END OF THAT PERIOD I WILL BE ELIGIBLE FOR REVIEW AND CONSIDERATION FOR CONTINUED EMPLOYMENT. YES NO

CSLLC IS AN EQUAL OPPORTUNITY EMPLOYER. **CSLLC** COMPLIES WITH MANDATORY STATE REQUIREMENTS TO REPORT ALL NEW HIRES. **CSLLC** PROVIDES ALL EMPLOYMENT AT WILL, WHICH CAN BE TERMINATED AT ANY TIME EITHER BY EMPLOYER OR EMPLOYEE.

SIGNATURE

DATE

PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWER'S USE

INTERVIEWED BY: _____

DATE: _____

NOTES: _____

APPROVED FOR HIRE BY: _____ DATE: _____

DEPT. _____ POSITION _____ SALARY _____

NOTIFIED APPLICANT ON: _____ HIRE DATE / WILL REPORT ON: _____