



Application For Employment

Please Print Clearly
Please Answer All Questions.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, sexual orientation, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state or local laws.

CMON IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THE APPLICATION, IF HIRED, CMON OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name _____ DOB _____ (mm/dd/yyyy)

Position Applied For _____ Pronouns _____

Cell Number () _____ Alternate Number () _____

Email: _____

Present Address _____

How long have you lived there? _____ / _____

Years / Months

Desired Salary/Hourly Rate _____ Date on which you can start work if hired? _____

Type of employment desired? Full-time Part-time Desired Shift: 8:45 – 1:00 1:00 – 5:15 5:00 –

8:15 Are there any other considerations regarding your schedule? _____

Are you seasonal? Yes No

Please indicate below the months you are available

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Available												

Have you previously applied for employment with CMON? Yes No

If yes, when and where did you apply? _____

INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS

All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above? Yes No

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? Yes No

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. CMON will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

Have you ever initiated an act of violence in the workplace? Yes No

If yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.) _____

List any additional skills:

_____ Computer Skills/database	_____ Languages Spoken (other than English) _____
_____ American Sign Language	_____ Teaching Experience _____
_____ Library experience	_____ Special Event Planning _____
_____ Multi-line phone	_____ Art Experience _____
_____ Collections experience	_____ Maintenance skills _____
_____ Graphic Design	Other _____

Education	School Name & Location	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					

Bus/Tech/Trade or Post College					
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If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname etc. _____

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer

Name Address Type of Business

Telephone () _____ - _____ Dates Employed From ____/____/____ to ____/____/____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? Yes No If no, why not? _____

Wages Start _____ Final _____ Reason for Leaving _____

What will this employer say was the reason your employment terminated? _____

How much notice did you give when resigning? If none, explain. _____

Employer

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Telephone () _____ - _____ Dates Employed From ____/____/____ to ____/____/____

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Wages Start _____ Final _____ Reason for Leaving _____

What will this employer say was the reason your employment terminated? _____

How much notice did you give when resigning? If none, explain. _____

Please explain fully all gaps in your employment history in excess of one month.

Have you ever been terminated or asked to resign from any job? Yes No

If yes, how many times? _____

Has your employment ever been terminated by mutual agreement? Yes No

If yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No

If yes, how many times? _____

If you answered Yes to any of the above three questions, please explain circumstances on each occasion.

VOLUNTEER EXPERIENCE

Please list the names of your present and/or previous organizations in chronological order with present or last organization listed first.

Organization

Name Address Type of Business

Telephone () _____ - _____ Dates From ____/____/____ to ____/____/____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? Yes No If no, why not? _____

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Telephone () _____ - _____ Dates From ____/____/____ to ____/____/____

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Telephone () _____ - _____ Dates From ____/____/____ to ____/____/____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? Yes No If no, why not? _____

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP i.e. supervisor, co-worker	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that CMON may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state and local law. If CMON has such a program and I am offered a conditional offer of employment, I understand that if a per-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law. I also understand that all employees of the location, pursuant to CMON's policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with C'mon's policies and applicable federal, state and local law.

If employed by CMON, I understand and agree CMON, to the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify all information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

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IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF CMON, AND I UNDERSTAND THAT CMON HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorized CMON or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state and local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by CMON to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to CMON or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability CMON and its

representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by CMON, I understand I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by CMON. I also understand CMON on employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature _____ Date ____/____/____