



NOTE: THIS APPLICATION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED FOR EMPLOYMENT.

Name _____ Social Security Number _____
 Current Address _____ City _____ State _____ Zip _____
 Home Telephone _____ Other Phone _____ Email _____
 Position Applied for _____ Date Available for Work _____

How did you learn about CLC?
 Print Want Ad _____
 On-line Want Ad _____
 VEC _____
 CLC Website _____
 CLC Employee _____
 Friend/Relative _____
 Other _____

Are you at least 18 yrs of age?
 Yes No

Ever been employed by CLC?
 Yes No

Type of employment desired?
 Full-time Temporary
 Part-time

Are you legally eligible for employment in this country?
 Yes No

Are you able to meet attendance requirements?
 Yes No

Shift available for work (Please check ALL that apply)
 First
 Second
 Third
 12 Hour Rotating

Willing and able to work any shift?
 Yes No

Willing to work required overtime?
 Yes No

Do you have a valid Driver's License?
 Yes No

Have you ever been fired or asked to resign?
 Yes (explain) _____
 No _____

Have you been convicted of a crime in the last (7) years?
 Yes (explain) _____
 No _____

Do you smoke? (CLC is a smoke-free environment. No smoking is allowed on company premises)
 Yes No

WORK EXPERIENCE

Employer			Last Position Held		
Address			Start Date	Start Pay/Salary	May we contact this employer?
City	State	Zip	End Date	Ending Pay/Salary	
Phone	Supervisor's Name		Supervisor's Title/Position		
Reason for Leaving (be specific)		List job you held, duties performed, skills learned or used, advancements or promotions			
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Reason for Leaving (be specific)		List job you held, duties performed, skills learned or used, advancements or promotions			

EDUCATION HISTORY

HIGH SCHOOL: NAME & LOCATION	RECEIVED: DIPLOMA, GED, OTHER	
COLLEGE, UNIVERSITY, PROFESSIONAL SCHOOL: NAME AND LOCATION	DEGREE EARNED	MAJOR
COLLEGE, UNIVERSITY, PROFESSIONAL SCHOOL: NAME AND LOCATION	DEGREE EARNED	MAJOR
JOB-RELATED TRAINING OR COURSE WORK: NAME AND LOCATION	CERTIFICATE OF COMPLETION EARNED	COURSE OF STUDY

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

REFERENCES

Please list three individuals who we may contact that are not relatives or former employers

Name	Phone Number	Occupation/Title	Relationship	# yrs known
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Please read carefully before signing.

Commonwealth Laminating & Coating, Inc. is a drug-free and smoke-free workplace. Individuals offered employment at CLC will be required to successfully complete a pre-employment drug test, and may be required to pass random drug tests during employment. I also understand that CLC is a smoke-free facility, and that I will not be permitted to take smoke breaks if employed.

I certify that the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations or omissions made by me on this application or any supplement thereto, will be sufficient grounds for rejection of this application or discharge after employment.

I give the employer the right to obtain pertinent information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I'm hired, I will be required to provide proof of identity and legal work authorization.

Your signature acknowledges you have read and agree to the material above.

Applicant's Signature _____ Date _____