

PERSONAL INFORMATION

IF NECESSARY, ARE YOU WILLING TO RELOCATE? YES NO

ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY JOB? YES NO
 IF YES, NAME EMPLOYER, DATE, AND REASON FOR EACH CASE.

EXPERIENCE

NAME OF EMPLOYER (CURRENT OR MOST RECENT) DATES EMPLOYED
 FROM: TO:

ADDRESS (STREET) CITY/STATE PHONE NUMBER

TYPE OF BUSINESS STARTING TITLE LAST TITLE FINAL ANNUAL SALARY

NAME AND TITLE OF SUPERVISOR MAY WE CONTACT? YES NO IF NO, PLEASE STATE REASON

REASON FOR LEAVING EMPLOYMENT WAS FULL TIME PART TIME

BRIEF DESCRIPTION OF DUTIES

NAME OF EMPLOYER (CURRENT OR MOST RECENT) DATES EMPLOYED
 FROM: TO:

ADDRESS (STREET) CITY/STATE PHONE

TYPE OF BUSINESS STARTING TITLE LAST TITLE FINAL ANNUAL SALARY

NAME AND TITLE OF SUPERVISOR MAY WE CONTACT? YES NO IF NO, PLEASE STATE REASON

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BRIEF DESCRIPTION OF DUTIES

NAME OF EMPLOYER (CURRENT OR MOST RECENT)		DATES EMPLOYED FROM: _____ TO: _____	
ADDRESS (STREET)	CITY/STATE		PHONE
TYPE OF BUSINESS	STARTING TITLE	LAST TITLE	FINAL ANNUAL SALARY
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, PLEASE STATE REASON
REASON FOR LEAVING			EMPLOYMENT WAS FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
BRIEF DESCRIPTION OF DUTIES			

NAME OF EMPLOYER (CURRENT OR MOST RECENT)		DATES EMPLOYED FROM: _____ TO: _____	
ADDRESS (STREET)	CITY/STATE		PHONE
TYPE OF BUSINESS	STARTING TITLE	LAST TITLE	FINAL ANNUAL SALARY
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, PLEASE STATE REASON
REASON FOR LEAVING			EMPLOYMENT WAS FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
BRIEF DESCRIPTION OF DUTIES			

BUSINESS REFERENCES

In the space below, list the name, address and phone number of persons known to you, but not related, for at least three years.

NAME	ADDRESS	DAYTIME PHONE	EVENING PHONE

I certify the above statements are correct and complete and, if employed, understand that any false or omitted information in this application or its supporting documents will be sufficient grounds for immediate termination. My signature authorizes the Coring & Cutting Group to review my previous employment, driving and criminal records and order background data as related to the position for which I am applying. I also agree to provide the necessary information to conduct this background check.

PRINT OR TYPE FULL LEGAL NAME:

ORIGINAL SIGNATURE

DATE



AFFIRMATIVE ACTION

COMPLETION OF THIS FORM IS VOLUNTARY AND WILL PROVIDE CORING & CUTTING GROUP WITH INFORMATION TO MAINTAIN OUR AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY RECORDS. THE INFORMATION WILL NOT BE A PART OF YOUR OFFICIAL PERSONNEL FILE.

NAME(OPTIONAL)

DATE

II. WHAT GENDER ARE YOU?

- A. Male
- B. Female
- C. Do not wish to disclose

IV. OF THE FOLLOWING, OF WHICH RACIAL/ETHNIC GROUP DO YOU CONSIDER YOURSELF A MEMBER?

- 1. Asian
- 2. American Indian or Alaska Native
- 3. Black or African-American
- 4. Hispanic or Latino
- 5. White
- 6. Native Hawaiian or other Pacific Islander
- 7. Two or more races
- 8. Do not wish to disclose

V. HOW DID YOU LEARN OF THIS POSITION?

- 1. State Division of Employment Security
- 2. Other State agency
- 3. Friend
- 4. State employee
- 5. Internet
- 6. Coring & Cutting Group Website
- 7. Newspaper or periodical
- 8. School
- 9. Other