

CSI

CONTRACT SPECIALISTS INT'L, INC.

255 GREAT ARROW AVE. • SUITE 2 • BUFFALO, NY 14207

TEL. (716) 852-3821 FAX (716) 852-0818

NAME: _____

DATE: _____

****PLEASE PRINT AND COMPLETE FORM IN DETAIL TO BE CONSIDERED FOR EMPLOYMENT.
PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL
BE HELD IN STRICT CONFIDENCE.**

CHECK THE FOLLOWING

I. Means of Transportation:

_____ Own Car

_____ Bus

_____ Other (Explain:) _____

II. Days Available to Work:

___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun

III. Shifts Available to Work:

_____ 2nd (5PM – 11:30PM)

_____ 3rd Shift (After 11PM)

IV. Towns Available to Work:

_____ Downtown

_____ North Buffalo

_____ Orchard Park

_____ Amherst

_____ Cheektowaga

APPLICATION FOR EMPLOYMENT

CSI IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATION AND ABILITY WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.

PERSONAL INFORMATION

NAME:

Last First Middle

ADDRESS:

Street Apt.

YEARS AT THIS ADDRESS:

PHONE NUMBER (S):

()
()

City State Zip

PERMANENT ADDRESS (If Different Then Above):

Street City State ZIP

POSITION DESIRED:

SALARY DESIRED:

HAVE YOU BEEN **EMPLOYED** PREVIOUSLY BY CSI?

YES NO

IF YES, WHEN AND WHERE:

HAVE YOU **APPLIED** PREVIOUSLY WITH CSI?

YES NO

IF YES, WHEN: DID YOU HAVE INTERVIEW?
YES NO

ARE YOU 18 YEARS OLD OR OLDER? YES NO

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?

YES NO

IF NO, EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

YES NO

IF YES, EXPLAIN:

Answering YES will not result in automatic rejection

DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

EDUCATION

TYPE OF SCHOOL	NAME AND DATES LOCATION ATTENDED	SUBJECTS STUDIED	YEARS ATTENDED	GRADUATE YES/NO?
HIGH SCHOOL				
COLLEGE				
OTHER				
ADDITIONAL COURSES OR GRADUATE STUDIES:				

WORK EXPERIENCE

DATE OF EMPLOYMENT	NAME, ADDRESS, PHONE NO. OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
	<u>Supervisor:</u> ()			
FROM				
TO				
	<u>Supervisor:</u> ()			
FROM				
TO				
	<u>Supervisor:</u> ()			
ADDITIONAL COMMENTS ABOUT POSITIONS HELD:				
MAY WE CONTACT YOUR PRESENT EMPLOYER?		YES NO	MAY WE CONTACT YOUR PREVIOUS EMPLOYER(S)?	
			YES NO	
ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR COMPANY?				

U.S. MILITARY RECORD

U.S. MILITARY OR
NAVAL SERVICE:

RANK:
DATES OF SERVICE:

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES:

DESCRIBE TRAINING YOU HAVE RECEIVED THAT WOULD AID YOU IN THE
POSITION YOU ARE APPLYING FOR:

REFERRED BY:

BUSINESS/PERSONAL REFERENCES

NAME	OCCUPATION	ADDRESS	RELATIONSHIP	PHONE #
				()
				()
				()

By signing this application, I certify that: this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, CSI or its agents may request employment information from previous employers and persons or corporations who provide information related to my previous employment and will be released from liability or damage. Also, if required, I agree to undergo a medical examination by a company-designated physician and understand that medical approval must be obtained before employment can begin. I have noted that CSI is an Equal Opportunity Employer and ad applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, National Origin, Disability, or Veteran Status. I realize that if I am hired, CSI reserves the right to terminate my employment whenever the need arises.

SIGNATURE

DATE

Employment Is Subject To:

1. Satisfactory reference reports.
2. Favorable reports from outside agencies on verification of information supplied.

REFERENCE REQUEST

TO: (Print the name and address of your most recent employer below)

APPLICANT: Please fill out ENTIRE top section

I have applied for employment with Contract Specialists Inc. I have authorized them to collect any information concerning my qualifications and past employment. In signing this authorization, I release your company, its employees and/or its agents from any liability in supplying the requested information.

Applicant's Signature Date

APPLICANT INFORMATION:

Name: _____ Social Security # _____ - _____ - _____
Last First

EMPLOYMENT DATES: From _____ To _____ Position: _____

Reason for Leaving: _____

*******APPLICANT: DO NOT WRITE BELOW THIS LINE*******

TO BE COMPLETED BY EMPLOYER:

The applicant named below has applied for a position with Contract Specialists, Inc. and has listed you as a previous employer. We would appreciate your assistance in verifying this applicant's employment and in evaluating his/her job performance. All information will be held in confidence. Thank you.

Are employment dates correct? Yes No If no, what are correct dates? From: _____ To: _____

Is the position title correct? Yes No If no, what is the correct title?

Is the reason for leaving correct? Yes No If no, what was the reason? _____

Is the applicant eligible for rehire? Yes No If no, what is the reason? _____

OVERALL ASSESSMENT: Good Satisfactory Poor

Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed By: _____ Title: _____ Date: _____