

CORAB SERVICES INC.

Employment Application



APPLICANT INFORMATION

Last Name		First	M.I.	Date	
Mailing Address			Apartment/Unit #		
City		State	ZIP		
Phone		Street Address			
Date Available		Social Security No.	Birthdate		
Position Applied for			Desired salary		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

Drug testing is mandatory before employment commences.

DRIVING RECORD

Do you have a driver's license	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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What is your means of transportation to work? _____

Driver's License Number _____ State of issue _____ Class of license _____

Expiration date _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

REFERENCES

Please list three persons not related to you..

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION/TRAINING

Have you obtained a high school diploma or GED certificate? YES NO

School	Name & Location	Diploma/Degree	Subject of specialization
College/University			
Specialized Courses & Training			

OTHER SPECIAL SKILLS - LIST OTHER SPECIFIC SKILLS YOU HAVE TO OFFER FOR THIS JOB OPENING**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Drug testing is mandatory before employment.

Signature	Date
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Office: Single _____ Married _____ Exemptions _____

Date of Hire _____