



Employment Application

Institute for the Application of Geospatial Technology at CCC, Inc.

General Instructions

Please read these instructions carefully.

- To be considered an applicant to the Institute for the Application of Geospatial Technology at CCC, Inc., you must complete all parts of this application and sign the statement. Also, you must read and sign any attachments.
- Incomplete applications will not be considered. Be sure you have completed all parts of this application, and any attachments.
- If you need help filling out this application or for any phase of the employment process please notify the person that gave you this form and every reasonable effort will be made to accommodate your needs.

All qualified applicants will receive consideration without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, or any other basis upon which discrimination is prohibited by municipal, state, or federal law.

1. Personal Information

Last Name	First Name	Middle Name	Social Security Number	Phone (Home)	Phone (Work)
Current Address					Email
City				State	Zip
Is there any information we would need about your name or use another name for us to be able to check your work record? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		If hired can you prove that you are eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	

2. Position Information

Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month and year:	Have you been previously employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? What position?
Do you have relatives currently employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of employee:	Position Desired:
When will you be able to start work?	Least acceptable starting wage:
Are you available for (check each appropriate box): <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Overtime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	Referred by: <input type="checkbox"/> Ad <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> School or College <input type="checkbox"/> Job Fair <input type="checkbox"/> Walk-in If referred by person, list name:

3. Employment History

<i>Begin with your most current or recent position. Although a resume may be attached, you must complete this section.</i>			If you are presently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title	Ending/Current Position Title	
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title	Reason for Leaving	
Responsibilities:				
2. Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title	Ending/Current Position Title	
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title	Reason for Leaving	
Responsibilities:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:				

3. Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title		Ending/Current Position Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title		Reason for Leaving
Responsibilities:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		

4. Education

	School Name & Location	Degree Earned and Date Completed:	Course of Study
High School		<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
Business/Trade/Technical		<input type="checkbox"/> None <input type="checkbox"/> List:	
College		<input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	
Graduate Studies		<input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Doctoral	
Additional Training		<input type="checkbox"/> None <input type="checkbox"/> Certificate	

5. References

Give name, address & telephone of three professional references who are not related to you.

Name	Address, Company Name	Phone
1.		
2.		
3.		

6. Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I realize that any misrepresentation in the information submitted or any intentional withholding of essential information called for in this form may result in my immediate dismissal.

I understand that the filling of this application with the company is a preliminary step to employment. It does not obligate the company to offer employment, or the applicant to accept employment. An offer of employment, if made, is contingent upon receiving a negative result from a drug test, and satisfactory background and reference checks as authorized by this statement and any other attachments. I understand that if I receive a contingent offer of employment and I accept the position, I will be required to complete additional information necessary for record keeping requirements, to include having my photograph taken for the purpose of identification and the maintenance of security. Also, I agree to abide by all Company policies and procedures as outlined within the Employee Handbook and other documents.

After a contingent offer of employment, and prior to reporting to work, I understand I am required to be examined by a medical professional designated by the Company and to submit to a drug screening.

I authorize you to check all references from current and previous employers, references and others that may be relevant to my employment or my ability to perform the job for which I have applied. I authorize the Company and/or its agents to verify any of the information furnished in this application including, but not limited to, criminal record history and other background information deemed appropriate by the Company. I authorize all persons, schools, and companies and law enforcement authorities and agencies to release any information concerning my background that may be relevant to evaluation of this employment application and I hereby release any such persons, schools, companies, and law enforcement authorities and agencies from any liability for damages whatsoever for issuing this information to the Company or its agents. The company will keep all such information confidential except where such information is required to be released by law or order of a court or other authority.

I understand and hereby acknowledge that any employment relationship with the Company is at will, which means that, if I am hired, my employment with the Company is not for a fixed period of time and that I may resign at any time and the Company may terminate my employment and compensation at any time. I further agree that this at will employment relationship may not be changed by any written document or by conduct of any company employee or official.

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Applicant Signature

Date