

CYPRESS COMMUNITY SERVICES

EMPLOYMENT APPLICATION

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE PHONE: _____ EMAIL: _____

START DATE: _____ SOCIAL SECURITY #: _____ SALARY REQUIREMENT: _____

Have you ever worked for Cypress? Yes No If yes, when? _____

Are you a citizen of the U.S.? Yes No If not, are you legally allowed to work in the U.S.? Yes No

Employment Desired: Full Time Part Time Temporary

Have you ever pled "guilty", "no contest", or been convicted of a crime? Yes No

Please provide dates and details: _____

(Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.)

Driver's License Number: _____ State: _____

How did you hear about us? _____

EDUCATION

High School: _____ Address: _____

of Years Completed: _____ Did you Graduate: Yes No GPA: _____

College/University: _____ Address: _____

of Years Completed: _____ Did you Graduate: Yes No Degree: _____

Major: _____ GPA: _____

Other: _____ Address: _____

of Years Completed: _____ Did you Graduate: Yes No Degree: _____

Major: _____ GPA: _____

REFERENCES

(Please furnish the names, addresses, and telephone numbers of two people to whom you are not related and by whom you have not been employed)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you lived out of the State of Kentucky within the last 2 years? Yes No

If Yes, list the State(s), last address and dates lived there: _____

PREVIOUS EMPLOYMENT (begin with most recent)

Company: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Dates of Employment: From ___/___/___ To ___/___/___ Position Held: _____

Responsibilities: _____

Your Title: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Company: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Dates of Employment: From ___/___/___ To ___/___/___ Position Held: _____

Responsibilities: _____

Your Title: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Company: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Dates of Employment: From ___/___/___ To ___/___/___ Position Held: _____

Responsibilities: _____

Your Title: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

COMMENTS: _____