

EMPLOYMENT APPLICATION

Applicant Information			
Last Name	First Name	MI	Date
Street Address			
City	State	Postal Code	
Cell Phone	Home Phone	Alt. Phone	
Email Address		Preferred Contact Method	
Available Start Date		Desired Salary	
Position(s) applying for?			
Do you know any CORE Employees?		Who?	
Are you a citizen of the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when	
Have you ever been disciplined or discharged for fighting, assault, or sexual harassment related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain	
Have you ever been disciplined or discharged for violating safety rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain	
Have you ever plead guilty to, been found guilty of, or plead no contest to for an offense against the law (including but not limited to traffic violations) in the past seven years? A "yes" does not necessarily bar you from employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date, place, charge, and disposition.	
Have you ever been placed on a sexual offender or sexual predator registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where	

Education			
High School		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
College		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
Other		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree

Credentials		
Valid Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why	
TWIC Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	OSHA Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Security Passport: <input type="checkbox"/> Yes <input type="checkbox"/> No

References

Please list two professional references

Full Name	Relationship
Company	Phone #
Full Name	Relationship
Company	Phone #

Previous Employment

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? Yes No

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? Yes No

Emergency Contact

Name	Phone	Relationship
Name	Phone	Relationship

Military Service

Branch	From	To
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Rank at Discharge

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that this application is not an offer of employment nor does it guarantee employment. I certify that I am not currently under a physician's care nor do I have any injury or illness that would prevent me from performing my duties for the position applied for. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination

Signature	Date
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Please email application to hr@core-boiler.com for questions call 225-877-2673