

This is an Equal Opportunity Employer



APPLICANT INFORMATION

| | | |
|--|---------------------|--|
| Name (First, MI, Last) | | Apartment/Unit# |
| Street Address | | |
| City | State | Zip Code |
| Phone | | Email Address |
| Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | Driver's license # | Issued in what State? |
| I certify that I am U.S. citizen, permanent resident, or foreign national with authorization to work in the United States. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Position applying for: | Date you can start: | |

EDUCATION

| School | Address | Major | Degree or Diploma |
|-------------------|---------|-------|-------------------|
| High School | | | |
| College | | | |
| Business or Trade | | | |

MILITARY

| | | |
|---|---|---------------------------------------|
| Have you ever been in the Armed Forces? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Entered: Discharged Date: |
| Specialty | | |

WORK EXPERIENCE

| | | | | |
|---|----------|--------|--|---|
| *Please list three employers starting with the most recent one. | | | | |
| Name and Address of Employer | Position | Salary | Start Date / / End Date / / | Reason for Leaving |
| List job duties performed: | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|------------------------------|----------|--------|--------------------------------------|---|
| Name and Address of Employer | Position | Salary | Start Date / / End Date / / | Reason for Leaving |
| List job duties performed: | | | | May we contact this employer? ___ Yes ___ No |
| Name and Address of Employer | Position | Salary | Start Date / / End Date / / | Reason for Leaving |
| List job duties performed: | | | | May we contact this employer? ___ Yes ___ No |

*Please list three professional references not including relatives.

| | | | |
|-------|----------|-------|------------------------|
| Name | Position | Phone | Length of relationship |
| Email | | | |
| Name | Position | Phone | Length of relationship |
| Email | | | |
| Name | Position | Phone | Length of relationship |
| Email | | | |

As part of our background investigation, we may obtain consumer reports or prepare an investigative consumer report. The report may consist of criminal history reports, education, and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u), we must have your permission to obtain this information. Therefore, by checking the box, you hereby authorize *Creative Minds Consulting, LLC* to obtain this information.

Yes, I give permission

No, I don't give permission

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations.

Signature:

Date:

Note: submit application to: creativemindsconsultingllc5@gmail.com