

Cordan LLC

Employee Application

Date: _____

Application Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
_____ City State Zip Code

Phone: _____ E-mail Address: _____

Date Available: _____ Social Security #: _____ Desired Salary \$ _____

Position Applying For: _____

Are you a US citizen? YES ___ NO ___ If no, are you authorized to work in US? YES ___ NO ___

Have you ever been convicted of a felony? YES ___ NO ___

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you Graduate? YES ___ NO ___ Degree? _____

College: _____ Address: _____

From: _____ To: _____ Did you Graduate? YES ___ NO ___ Degree? _____

Other: _____ Address: _____

From: _____ To: _____ Did you Graduate? YES ___ NO ___ Degree? _____

References

Please list three professional references.

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 _____ NO _____

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 _____ NO _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

The questions are voluntary.

The following questions below are for the purpose of ensuring Cordan LLC is maintaining the status of being an equal opportunity employer.

Marital status: M _____ S _____ D _____ Disabled: YES _____ NO _____ Gender: M _____ F _____

Ethnicity: White Caucasian _____ Latino _____ Native American _____ African American _____

Asian _____

Emergency Contacts

Primary Contact Name _____ Phone Number _____
Relationship _____

Secondary Contact Name _____ Phone Number _____
Relationship _____

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.

Signature: _____ Date: _____