

**COMPUTER SERVICES & CONSULTING, INC.
EMPLOYMENT APPLICATION**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Application Date:	
How did you hear about us?	<input type="checkbox"/> Online Job Site <input type="checkbox"/> CSC Website/Social Media Site <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Staffing Agency <input type="checkbox"/> Other		

Last Name:		First Name:		Middle Name:	
Address:					
City:		State:		Zip:	
Primary Phone Number:		Email:			
Social Security Number:		Date of Birth:			

If you are under 18 years of age, can you provide proof of your eligibility to work? N/A Yes No

Have you ever filed an application with us before? Yes No
 If yes, on what date? _____

Have you ever been employed with us before? Yes No
 If yes, on what date? _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to start work? _____

Are you available to work: Full-time Part-time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Criminal Background and Health Checks

Computer Services & Consulting, Inc. (CSC) provides goods and services primarily to K-12 and higher educational organizations, local government agencies and healthcare providers. As such, CSC is required by law to ensure all of its employees meet certain requirements with regards to criminal background and health checks.

If requested, will you submit to criminal background and health checks? Yes No

Education

	Name & Address of School	Course of Study	Years Completed	Diploma / Certificate / Degree
Elementary School:				
High School:				
Undergraduate College:				
Graduate Professional:				
Other (Specify):				

Indicate any foreign languages you can speak, read and / or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military (if applicable).

List professional, trade, business or civic activities and offices held. **Note:** You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Note: You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Name:			Start Date:	End Date:
Address, City, State, Zip:				
Telephone Number:		Supervisor:		
Supervisor's Email:				
Job Title:			Starting Rate:	Ending Rate:
Job Duties Performed:				
Reason for Leaving:				

Employer Name:			Start Date:	End Date:
Address, City, State, Zip:				
Telephone Number:		Supervisor:		
Supervisor's Email:				
Job Title:			Starting Rate:	Ending Rate:
Job Duties Performed:				
Reason for Leaving:				

Employer Name:			Start Date:	End Date:
Address, City, State, Zip:				
Telephone Number:		Supervisor:		
Supervisor's Email:				
Job Title:			Starting Rate:	Ending Rate:
Job Duties Performed:				
Reason for Leaving:				

Additional Information

Specialized Skills

Equipment/Tools	Technology	Software	Other
<input type="checkbox"/> Forklift	<input type="checkbox"/> PC (Windows)	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Sales
<input type="checkbox"/> Crane	<input type="checkbox"/> Mac (Apple)	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Consulting/Training
<input type="checkbox"/> Power Drill	<input type="checkbox"/> Mobile Device	<input type="checkbox"/> Microsoft PowerPoint	<input type="checkbox"/> LAN/WAN/WLAN
<input type="checkbox"/> Crimpers	<input type="checkbox"/> Scanner	<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Fire Alarms
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Copier/Xerox Machine	<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Sprinklers
	<input type="checkbox"/> Fax Machine	<input type="checkbox"/> IE / Chrome Browser	<input type="checkbox"/> Security/IP Security
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):

Please summarize any additional special job-related skills acquired from employment or other experience.

State any other information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? Yes No *A description of the activities involved in such a job or occupation is attached.*

Professional References

Please provide at least three professional references that can provide feedback on your work experience:

Contact:		Title:	
Telephone:		Email Address:	

Contact:		Title:	
Telephone:		Email Address:	

Contact:		Title:	
Telephone:		Email Address:	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant's Signature	Date

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

FOR HUMAN RESOURCES DEPARTMENT ONLY

Arrange for an interview? Yes No Interview Date: _____

Hired: Yes No Date Hired: _____

Job Title: _____ Rate/Salary: _____

Completed by: _____
Name/Title Date

Notes/Remarks:
