



CMS

CONGREGATE MANAGEMENT SERVICES, INC & CMS FOOD SERVICE

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

PLEASE PRINT	DATE OF APPLICATION _____
Position(s) Applied for _____	
Referral Source:	<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____

Name _____	_____	_____	_____
Last	First	Middle	
Address _____			
Street	City	State	Zip Code
Telephone _(____) ____ -- _____		Social Security Number ____/____/____	

If employed and you are under 18, can you furnish a work permit? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration Status? (Proof of citizenship or immigration will be required upon employment). Yes No

On what date would you be available for work? _____

Are you available to work ___ Full Time ___ Shift Work ___ Part-Time ___ Temporary

Can you travel if a job requires it? ___ Yes ___ No

Have you been arrested within the last 7 years? ___ Yes ___ No
If yes, please explain _____

Are you a veteran of the U.S. military service? ___ Yes ___ No
If yes, what branch _____

List professional, trade, business, or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin). _____

Give Name, Address and Telephone number of three references who are not related to you and are not previous employers.



EMPLOYMENT EXPERIENCE

Start with your present or last job, include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1.

Employer	Dates Employed (From/To)	Work Performed
Address	Telephone #	
Job Title	Hourly Rate/Salary (starting/final)	
Reason for leaving		

2.

Employer	Dates Employed (From/To)	Work Performed
Address	Telephone #	
Job Title	Hourly Rate/Salary (starting/final)	
Reason for leaving		

3.

Employer	Dates Employed (From/To)	Work Performed
Address	Telephone #	
Job Title	Hourly Rate/Salary (starting/final)	
Reason for leaving		

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.



EDUCATION

	High School	College	Graduate/Professional
School Name	_____	_____	_____
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	_____	_____	_____
Describe course of study	_____ _____	_____ _____	_____ _____
Describe specialized training, apprenticeship, skills, and extra-curricular activities	_____ _____ _____	_____ _____ _____	_____ _____ _____
Honors received	_____	_____	_____
State any additional information you feel may be helpful to us in considering your application.	_____ _____ _____	_____ _____ _____	_____ _____ _____

AGREEMENT

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 for CMS use in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I agree to conform to the rules and regulations of CMS. I realize that my employment with CMS can be terminated with or without cause and with or without notice, at any time, at the option of either CMS or myself. I understand that no supervisor or representative of CMS has any authority to enter into any agreement for employment for any specified time, or to make any agreement contrary to the foregoing.

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview Yes No
Remarks _____

Employed Yes No
Date of Employment _____
Job Title _____
Hourly Rate/Salary _____
Department _____

By _____
Name and Title Date



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CONGREGATE MANAGEMENT SERVICES, INC.

AUTHORIZATION TO OBTAIN INFORMATION

I, _____, am currently seeking employment with Congregate management Services, Inc.

I hereby authorize Congregate Management Services, Inc., directly or through its agents or employees to communicate with any law enforcement agency or investigative agency and similar governmental bodies or any governmental licensing agency or credit bureau concerning any reports, records of convictions of violence or dishonesty or other information that such law enforcement agency, licensing agency or credit bureau may have concerning the undersigned.

I do, hereby authorize such law enforcement agency, licensing agency of credit bureau to furnish CMS, Inc., its agent or employees copies or summaries of such reports and records.

I also give CMS Inc. permission to obtain the employment references necessary to make a hiring decision and hold persons giving references free from any and all liability resulting from this process.

My current address is as follows:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Signature: _____

Date: _____