For use in all states
EXCEPT: MA, MD, MT, ND, OR, RI,
SD and WA

APPLICATION FOR EMPLOYMENT

Date _____/_____/_____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including, but not limited to, race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state or local law.

PERSONAL BACKGROUND

Name _____ Social Security # _____
Last *First* *Middle*

Present Address
_____
Street *City* *State* *Zip code*

Phone No. (_____)_____ Referred by_____

Position Applying for _____ Date you can start _____/_____/_____

Full Time ☐ Part Time ☐ Specify Hours _____ Salary Desired _____

Is there any reason we may not inquire of your present employer or prior employers? If yes, please explain:
_____

Have you ever applied to this company before?_____ Where?_____ When? _____

Are you willing to work overtime? Yes ☐ No ☐

If driving is a requirement of the job for which you are applying, do you have a valid driver's license? Yes ☐ No ☐

If you are a minor, can you produce the work certificate necessary to obtain employment? Yes ☐ No ☐

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? Yes ☐ No ☐
(Verification and completion of Form 1-9 must be submitted no later than three business days after date of hire.)

Commercial Drivers:
Driver's License Number:
Date of Birth:
License State:

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School		9 10 11 12/GED	
College		1 2 3 4	
Trade, Business or Graduate School			

Specialized technical skills (e.g. computer programming/language software, equipment operation, special tools or machines).

_____

_____

WORK EXPERIENCE

(Please list below your last four employers, starting with your present or last place of employment.)

You may include any verifiable work performed on a volunteer basis, internship or military service.

Date Mo./Yr.	Name, Address and Phone # of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					
Fr.					
To					
Fr.					
To					
Fr.					
To					

REFERENCES

Please give the names of three additional work-related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

Name & Position Company Telephone Number

1._____

2._____

3._____

APPLICANT CERTIFICATION - PLEASE READ CAREFULLY

I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment with the company is on an employment at will basis. This means that my employment with the company can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company's president and me.

I further understand that I am responsible for being familiar with the Company's policies, rules and regulations, and I understand that the company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the Company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms.* I release all parties from any liability arising out of this provision and the use of such information.

Applicant's Signature_____ Date _____/_____/_____

**Federal law requires a separate release form when obtaining Consumer Credit Reports.*

PAYCHEX®

ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSUMER REPORT

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "Motor Vehicle Reports", "consumer reports" and/or "investigative consumer reports" by **CWPM, LLC** at any time after receipt of this authorization and throughout my employment, if applicable. I authorize CWPM, LLC to share a copy of any motor vehicle report they obtain with any auto insurance carrier that CWPM, LLC is doing business with. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Insurance Information Exchange (IIX), Explore Information Services (Supervision) or any other vendor that may be hired by CWPM, LLC to obtain such information** and/or **CWPM, LLC**. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law **New York City applicants only:** You acknowledge and authorize **CWPM, LLC** to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company.
Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. □

Print Name:_____ Date:_____

Signature:_____

SSN:_____ DOB:_____

Revised 4/13/2018

DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

CWPM, LLC, may request an investigative consumer report about you from a third party consumer reporting agency[1], in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Print Name:_____ Date:_____

Signature:_____

SSN:_____ DOB:_____

[1] **Applicants/employees in California:** [**CWPM, LLC**.] will notify you if a consumer reporting agency other than **Foley Carrier Services, LLC ("Agency"), 140 Huyshope Avenue, Hartford, CT 06106, telephone number (800) 253-5506, www.foleyservices.com** is used to obtain an investigative consumer report. A subsequent notice will be sent for future consumer reports requested. By signing this form, you acknowledge receipt of the Notice Per California Law.

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Foley Carrier Services, LLC expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.