

*Please complete each section in full. Any applicant providing unrequested information will be automatically rejected.*

*Any applicant needing assistance in completing this application may request accommodations to enable you to complete the application. It is the policy of the company to afford equal opportunity to all employees and applicants as deemed by Federal, State, or Local law.*

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: LAST | FIRST | MI | DATE OF APPLICATION |
| ADDRESS | APT. NO. | CITY | STATE | ZIP |
| PRIMARY PHONE NUMBER | SECONDARY PHONE NUMBER |
| EMAIL ADDRESS | ARE YOU AT LEAST 18 YEARS OF AGE? YES □ NO □(If under 18, hire is subject to verification that you are of minimum legal age.) |

**DESIRED EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| SHIFT DESIRED:DAYS  EVENINGS  NIGHTS (NOC)  |
| STATUS DESIRED:FULL TIME  PART TIME  CASUAL  |
| ARE YOU EMPLOYED NOW?YES  NO  | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?YES  NO  |
| EVER APPLIED TO THIS COMPANY BEFORE? YES  NO WHERE? DATES: |
| EVER WORKED FOR THIS COMPANY BEFORE? YES  NO WHERE? DATES:REASON FOR LEAVINGNAME OF LAST SUPERVISOR AT THIS COMPANY |
| HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNTY?EMPLOYMENT AGENCY  NEWSPAPER ADVERTISING  FRIEND  WALK-IN  STATE EMPLOYMENT AGENCY COLLEGE PLACEMENT SERVICE  OTHER (please specify): EMPLOYEE REFERRAL (please specify): |
| ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES  NO  |

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SCHOOL LEVEL** | **NAME AND LOCATION OF SCHOOL** | **NO. OF YEARS COMPLETED** | **DID YOU GRADUATE?** | **LIST DEGREE/DIPLOMA OR GED** |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| VOCATIONAL/BUSINESS SCHOOL |  |  |  |  |
| HEALTH CARE TRAINING |  |  |  |  |



**GENERAL**

|  |
| --- |
| SUBJECTS OF SPECIAL STUDY |
| SPECIAL TRAINING, CERTIFICATION OR LICENSES |
| SPECIAL SKILLS |

**ADDITIONAL QUALIFICATIONS**

|  |  |
| --- | --- |
| ARE YOU LICENSED / CERTIFIED FOR THE JOB APPLIED FOR?YES  NO  | NAME OF LICENSE/CERTIFICATION? |
| ISSUING STATE? | LICENSE/CERTIFICATION NUMBER? |
| HAS YOUR LICENSE/CERTIFICATION BEEN REVOKED OR SUSPENDED? YES  NO If yes, state reason(s), date of revocation or suspension, and date of reinstatement: |

**CURRENT EMPLOYMENT**

LIST BELOW YOUR LAST 3 EMPLOYERS - PRESENT AND PAST, STARTING WITH YOUR MOST RECENT. (If the last three employers

do not cover 5 years of employment history, please list the last 5 years’ worth of employment history. Attach additional pages if necessary.) DO NOT OMIT ANY EMPLOYERS DURING THIS TIME PERIOD.

EXPLAIN ANY GAPS IN EMPLOYMENT IN THE SPACE PROVIDED BELOW.

|  |
| --- |
| NAME OF PRESENT OR LAST EMPLOYER |
| ADDRESS | CITY | STATE | ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE |
| INITIAL PAY RATE | FINAL PAY RATE | MAY WE CONTACT THIS EMPLOYER? (we will contact pastemployers to verify previous employment) YESNO |
| NAME OF SUPERVISOR | TITLE | PHONE |
| DESCRIPTION OF WORK |
| REASON FOR LEAVING |

## PAST EMPLOYMENT HISTORY

|  |
| --- |
| NAME OF PRESENT OR LAST EMPLOYER |
| ADDRESS | CITY | STATE | ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE |
| INITIAL PAY RATE | FINAL PAYRATE | MAY WE CONTACT THIS EMPLOYER? (we will contact past employers to verify previous employment) YESNO |
| NAME OF SUPERVISOR | TITLE | PHONE |
| DESCRIPTION OF WORK |
| REASON FOR LEAVING |



**PAST EMPLOYMENT HISTORY CONTINUED**

|  |
| --- |
| NAME OF PRESENT OR LAST EMPLOYER |
| ADDRESS | CITY | STATE | ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE |
| INITIAL PAY RATE | FINALPAYRATE | MAY WE CONTACT THIS EMPLOYER? (we will contact pastemployers to verify previous employment) YESNO |
| NAME OF SUPERVISOR | TITLE | PHONE |
| DESCRIPTION OF WORK |
| REASON FOR LEAVING |

EXPLANATION FOR GAPS:

**CRIMINAL HISTORY**

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Convictions are not an absolute bar to employment but will be considered in relationship to the specific job requirements) YES  NO 

IF “YES,” LIST DATE, NATURE OF OFFENSES AND WHERE THEY OCCURRED*.*

(COUNTY & STATE) (PLEASE NOTE: A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT)

## OTHER

|  |
| --- |
| DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR CYPRESS OR ITS AFFILIATES? YES NO If yes, state name(s) and relationship: |
| NAME | RELATIONSHIP |
| NAME | RELATIONSHIP |
| NAME | RELATIONSHIP |

**REFERENCES**

LIST BELOW FOUR PERSONS YOU ARE NOT RELATED TO, WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST FIVE YEARS.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NAME** | **PHONE/EMAIL** | **NATURE OF RELATIONSHIP** | **YEARS AQUAINTED** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |



# AUTHORIZATION AND AGREEMENT

**Please read carefully, Initial Each Paragraph and Sign and Date Below**

I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY INITIAL AFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND

CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

I HEREBY AUTHORIZE EMPLOYER TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORD, INITIAL EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT AND, FURTHER,

AUTHORIZE THE REFERENCES I HAVE LISTED, MY CURRENT EMPLOYER LISTED AND ALL FORMER EMPLOYERS LISTED TO DISCLOSE TO EMPLOYER ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION RELATED TO MY WORK RECORDS, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITON, I HEREBY RELEASE PROSPECTIVE EMPLOYER, MY CURRENT AND FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW INITIAL WHICH MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN

EMPLOYMENT CONTRACT BETWEEN ME AND THE COMPANY. IN ADDITON, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT IS FOR NO DEFININTE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY ME AND THE COMPANY’S PRESIDENT OR CHIEF OPERATING OFFICER.

I UNDERSTAND THAT A JOB OFFER, IF EXTENDED TO ME, WILL BE CONTINGENT UPON THE

INITIAL SUCCESSFUL COMPLETION OF A DRUG TEST, A CRIMINAL HISTORY BACKGROUND CHECK, A CREDIT REPORT, A DRIVING RECORD VERIFICATION AND ANY OTHER REQUIREMENT OF THE STATE WHERE THE POSITION WILL BE LOCATED OR WORKING, CONSISTENT WITH APPLICABLE LAW AND IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT (FCRA).

I UNDERSTAND THAT IF HIRED, NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INITIAL INTO ANY EMPLOYMENT AGREEMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO ASSURE ME OF ANY

FUTURE POSITION, BENEFITS OR TERMS AND CONDITIONS OF EMPLOYMENT, UNLESS IT IS IN WRITING AND SIGNED BY THE PRESIDENT OR THE CHIEF OPERATING OFFICER.

APPLICANT SIGNATURE DATE

This application will only be used in consideration for the position for which you have applied. This application will be considered active for 90 days. This application will be retained for 2 years from date of submission