# Employment Application

Pursuant to the Americans with Disabilities Act, please call CBE at 612-872-6898 or email cbe@cbeinternational.org should you require specific aids to fully participate in the interview process. CBE is an equal opportunity employer and makes all employment decisions, including those related to recruitment, hiring, training, promotion, and recognition of individuals on the basis of their ability and job related qualifications and without regard to race, religion, color, sex, national origin, age, disability, or any other classification proscribed under applicable federal, state or local law.

## Personal Information

| | | | |
|---|---|---|---|
| Name (Last, First, MI): | | | Today's Date: |
| Street Address: | | | |
| City: | | State: | Zip: |
| Home Phone: | Work Phone: | Email: | |

1. Are you willing to work (check all that apply):

☐ Full Time ☐ Part Time ☐ Temporary ☐ Intermittent ☐ Daytime
☐ Weekends ☐ Evenings ☐ Nights ☐ Overtime

2. Position(s) applying for: _____

3. Salary/Wages desired: _____

4. Are you legally authorized to work in the United States? Check one: ☐ Yes ☐ No

5. When could you start employment? _____

6. Have you previously been employed by or ever applied for employment with CBE? ☐ Yes ☐ No

If yes, explain: _____

7. Previous Volunteer Duties: _____

## Employment History

| | | | | |
|---|---|---|---|---|
| Current (or most recent) Position: | | | From (mm/yy): | To (mm/yy): |
| Name of Company: | | Name of Supervisor: | | |
| Title/Department of Supervisor: | | Supervisor's Phone Number: | | |
| Duties: | | | | |
| Starting Salary/Wages: | Final Salary/Wages: | Bonus: | Commission: | Reason for Leaving: |

| | | | | |
|---|---|---|---|---|
| Next Previous Position: | | | From (mm/yy): | To (mm/yy): |
| Name of Company: | | Name of Supervisor: | | |
| Title/Department of Supervisor: | | Supervisor's Phone Number: | | |
| Duties: | | | | |
| Starting Salary/Wages: | Final Salary/Wages: | Bonus: | Commission: | Reason for Leaving: |

| Next Previous Position: | | | | From (mm/yy): | To (mm/yy): |
|---|---|---|---|---|---|
| Name of Company: | | | Name of Supervisor: | | |
| Title/Department of Supervisor: | | | Supervisor's Phone Number: | | |
| Duties: | | | | | |
| Starting Salary/Wages: | Final Salary/Wages: | Bonus: | Commission: | Reason for Leaving: | |

## Education Information

Have you earned a high school diploma or GED? Check one: ☐ Yes ☐ No

| Name of College: | | City/State: |
|---|---|---|
| Major: | GPA: | Earned Degree? ☐ Yes ☐ No<br>If yes, what degree? |

| Name of College: | | City/State: |
|---|---|---|
| Major: | GPA: | Earned Degree? ☐ Yes ☐ No<br>If yes, what degree? |

| Name of Graduate School: | | City/State: |
|---|---|---|
| Major: | GPA: | Earned Degree? ☐ Yes ☐ No<br>If yes, what degree? |

| Name of Other Institution: | | City/State: |
|---|---|---|
| Major: | GPA: | Earned Degree? ☐ Yes ☐ No<br>If yes, what degree? |

## Work-Related References: Please list three work-related references.

| Name of Reference 1: | Name of Company: |
|---|---|
| Title/Department of Reference: | Reference's Phone Number or Email: |

| Name of Reference 2: | Name of Company: |
|---|---|
| Title/Department of Reference: | Reference's Phone Number or Email: |

| Name of Reference 3: | Name of Company: |
|---|---|
| Title/Department of Reference: | Reference's Phone Number or Email: |

I give CBE permission to phone my references. _____

Signature Date

8. Have you been discharged from any job within the last five years? Check one: ☐ Yes ☐ No

If yes, explain: _____

9. Have you quit after being notified that you would be terminated? Check one: ☐ Yes ☐ No

If yes, explain: _____

10. Have you ever been convicted of a felony (not including traffic citations)? Check one: ☐ Yes ☐ No

Criminal conviction does not constitute an automatic bar to employment. Convictions will only be considered in relation to specific job requirements.

If yes, explain below. Please include name and location of court.

It is only necessary to include convictions which have not been expunged from your record.

11. Have you ever been disbarred or otherwise lost a license to practice your profession? Check one: ☐ Yes ☐ No

If yes, explain: _____

**General**

Use the following space to list other qualifications pertinent to the position for which you are applying (awards, specialized training, etc.). Use back of page if necessary.

Please read the following statements carefully before signing.

- In consideration of my employment, I agree to conform to the policies and procedures of CBE. I understand that in submitting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.
- I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation, including satisfactory reference checks. I will, upon request, sign all necessary consent forms.
- I authorize CBE to investigate any information, including my employment history, educational background, credit history and record of criminal convictions that it believes is relevant to my employment application. My former employers, education institutions, and personal references may provide information that they may have about me in response to inquiry from CBE.

_____

Applicant Signature Date

Thank you for your interest in working for CBE! Please submit this form in one of the following ways:

Fax: 612-872-6891

Mail: CBE, 122 W Franklin Ave, Suite 218, Minneapolis, MN 55404

**Human Resources Approval** FOR OFFICE USE ONLY

Position Awarded: _____

_____

Signature of Hiring Department Supervisor Date

_____

Signature of CBE Executive Date