



C.RENEE CONSULTING & MANAGEMENT GROUP

C. Renee Consulting and Management Group Quality Training Services

Employment Application

C. Renee Consulting and Management Group is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

**This application for employment is good for 6 months only.
Consideration for employment after 6 months requires a new application.**

You must complete entire application and sign where indicated.

Date: ____/____/2018

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)

Mobile Telephone
() -

Email Address:

Home Telephone
() -

Are there other names under which you have worked or attended school? Yes No
If yes, please list for reference checking purposes.

Are you legally authorized to work in the U.S.? Yes No
(If hired, you will be required to provide proof of work authorization.)

Are you at least 18 years old? Yes No
If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever applied at this company before?

Yes No If yes, when:

Have you ever worked at this company before?

Yes No If yes, when:

Position Applying For	Part-Time or Full-Time Desired	Salary Preference	Shift Preference

When can you start?

How were you referred to the company? Agency Website Friend/Relative
 Social Media School Other

1. If relevant, please describe computer proficiency, software knowledge, and office equipment experience.

2. If relevant, please describe experience using manufacturing machines and equipment.

Education				
School	Name & Location (city, state)	Number of Years Attended	Major subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses			
List any relevant training programs completed.			
Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Required License(s)		
If required to drive a motor vehicle for the job applying for, state your:		
1) driver's license number	2) state issued	
Are you licensed with any group, association or society relating to the job for which you are applying?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration or License Number	State Issued	Expiration Date

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

Employment History (start with most recent; use separate sheet if necessary)

Name of Employer:	Telephone () -
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Reason for Leaving:	Salary:
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer:	Telephone () -
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Reason for Leaving:	Salary:
Name of Employer:	Telephone () -
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Reason for Leaving:	Salary:
Name of Employer:	Telephone () -
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Reason for Leaving:	Salary:

Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name:

Telephone () -

Email Address:

Address:

Relationship:

How long known?

Name:

Telephone () -

Email Address:

Address:

Relationship:

How long known?

Name:

Telephone () -

Email Address:

Address:

Relationship:

How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a background check will be required.
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by _____ Date _____

Thank you for your interest in C. Renee Consulting and Management Group.