

Carnation Design Products Inc.



We are committed to following all state and federal laws that forbid employment discrimination based on race, religion, national origin, disability, or any other protected category.

“Employer”	Position applying for
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PERSONAL DATA

Name (last, first, middle)			
Street Address and/or Mailing Address	City	State	Zip
Home Phone Number	Business Phone Number	Cellular Phone Number	
Date you can start work	Desired Salary	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

POSITION INFORMATION Check all that you are willing to work or all that apply.

Hours: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Days <input type="checkbox"/> Evenings <input type="checkbox"/>	U.S. Citizen? <input type="checkbox"/> Currently in School? <input type="checkbox"/> Are you at least 18 years of age? <input type="checkbox"/>	Status: Regular <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you authorized to work in the U.S. unrestricted?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a felony? (Any prior convictions may or may not disqualify applicant.) If yes, explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been told the essential functions of the job or have you viewed them? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you able to perform the essential responsibilities with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			

QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	Address/City/State
School			
School			
Other			

SPECIAL SKILLS List your skills that you feel would be relevant in the position that you are applying for.

REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

WORK HISTORY Start with your most recent employment and work back. (INCLUDE PAID AND UNPAID POSITIONS)		
Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I hereby declare that the information contained in this employment application is true and complete to the best of my knowledge. I understand that any misstatement, falsification, or omission of an important item is a sufficient cause for dismissal. I hereby authorize the employer to investigate all statements contained in this application. I release the employer from any and all liability for any damages which may result from their efforts to verify the information above. I further authorize the employer to contact the references listed above. I understand that employment with the company is on an at-will basis, and as such, I or the employer may terminate the employment relationship at any time, with or without cause, regardless of the position or status of the employee.

Applicant Signature

Date