



Consumer Opinion Services, Inc.

An Equal Opportunity Employer

Employment Application

Applicant Information

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Full Name:				Date:	
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Last

First

M.I.

Address:		
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Street Address

Apartment/Unit #

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City

State

ZIP Code

Phone: ()	E-mail Address:
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Cell : ()	Best time to contact you is:
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Date Available:	Social Security No.:	Desired Salary: \$
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Position Applied for:	
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Available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
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Any availability restrictions: (i.e. school or other employment)	
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How did you learn about us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other
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Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	May we contact your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you currently in "lay-off" status and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you travel if a job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever filed an application with us before? If yes, when? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
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Do any of your friends or relatives, other than spouse work here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, name and relationship:	
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Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Issuing State & License No.	
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This company conducts background checks, falsifying by omission is grounds for termination.

Education

High School:		Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:		Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:		Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Certificate / Degree:	

References

Please list three professional references. Do not include family members or past supervisors.

Full Name:		Relationship:			
Company:		Phone:	()		
Address:					
How long have you known them?					
Full Name:		Relationship:			
Company:		Phone:	()		
Address:					
How long have you known them?					
Full Name:		Relationship:			
Company:		Phone:	()		
Address:					
How long have you known them?					

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, disability or other protected status.)

Additional Information: Other Qualifications- Summarize special job related skills and qualifications acquired from employment or other experience.

Previous Employment

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude any organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary:	Ending Salary:
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary:	Ending Salary:
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary:	Ending Salary:
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Comments: Include explanation of any gaps in employment.

Military Service

Branch:		From:	
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether the applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at anytime with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature:

Date: