

Name: _____
(Please Print)

Position Applied For: _____ Date: _____



COMPLETE NETWORK MANAGEMENT, INC.

Application For Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

(Application must be completed in full even if attaching a resume.)



PERSONAL INFORMATION

Last Name:			First Name:			Middle Initial:		
Present Address:			City, State, Zip Code:			How Long At This Address?		
Previous Address:			City, State, Zip Code:			How Long At This Address?		
Home Telephone Number:				Work Telephone Number:				
Social Security Number:				If You Are Under Age 18, Please State Your Age:				
Are any of your relatives presently employed with Complete Network Management, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Please Name Your Relative:								
Have You Ever Worked for Complete Network Management, Inc. Before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, State Approximate Month/Year.								
How Were You Referred?								

GENERAL INFORMATION

Only U.S. citizens or aliens who have legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes No
 (A conviction record will not necessarily be a bar to employment, factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.)
 If Yes, please explain:

Have you ever been discharged from any employment or asked to resign? Yes No
 If Yes, please explain:

PLEASE CHECK SCHEDULE AVAILABLE:
 I am available and desire to work FULL-TIME (40 hours) and do not have restrictions on my hours and days.
 I am available and desire to work PART-TIME (Complete section below with time you would be available to work.)
 I am only available for PART-TIME because:
 Student Other Job Other (explain):

Hours Available:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
From:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
To:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Wage Expected: _____ Date Available to Start Work: _____



EMPLOYMENT HISTORY

Begin with your most recent employment and continue with all past employment (attach additional sheet if necessary)

From:		To:		Company Name:		Type of Business:	
Mo.	Yr.	Mo.	Yr.	Job Title:		Supervisor Name:	
Address:				Describe Your Job Duties:			
City, State, Zip				Reason for Leaving (please explain):		May We Contact Employer [] Yes [] No	
Phone Number:				Beginning Salary:	Ending Salary:	Please explain any period between jobs:	

From:		To:		Company Name:		Type of Business:	
Mo.	Yr.	Mo.	Yr.	Job Title:		Supervisor Name:	
Address:				Describe Your Job Duties:			
City, State, Zip				Reason for Leaving (please explain):		May We Contact Employer [] Yes [] No	
Phone Number:				Beginning Salary:	Ending Salary:	Please explain any period between jobs:	

From:		To:		Company Name:		Type of Business:	
Mo.	Yr.	Mo.	Yr.	Job Title:		Supervisor Name:	
Address:				Describe Your Job Duties:			
City, State, Zip				Reason for Leaving (please explain):		May We Contact Employer [] Yes [] No	
Phone Number:				Beginning Salary:	Ending Salary:	Please explain any period between jobs:	

From:		To:		Company Name:		Type of Business:	
Mo.	Yr.	Mo.	Yr.	Job Title:		Supervisor Name:	
Address:				Describe Your Job Duties:			
City, State, Zip				Reason for Leaving (please explain):		May We Contact Employer [] Yes [] No	
Phone Number:				Beginning Salary:	Ending Salary:	Please explain any period between jobs:	



EDUCATION

Education Type of School	Name and Address of School	Major Subject	Last Year Attended	Graduated	Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade, Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate prior military service which you would like considered in connection with your application for employment.

PERSONAL OR BUSINESS REFERENCES

Name:	Occupation Business Phone Number:
Address:	Home Phone Number:
City, State, Zip:	Relationship:
How Long Known:	Position at Employer:

Name:	Occupation Business Phone Number:
Address:	Home Phone Number:
City, State, Zip:	Relationship:
How Long Known:	Position at Employer:

Name:	Occupation Business Phone Number:
Address:	Home Phone Number:
City, State, Zip:	Relationship:
How Long Known:	Position at Employer:



NOTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the application will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local Law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with our without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICATION SIGNATURE: _____ DATE _____