### CIE

## PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

### Employment Application Form Please mail completed application to:

2955 W Delphi Pike, Marion, IN 46953 or fax application to: (765) 384-4004

### **OFFICE USE ONLY:**

Date received: Reviewed by:

PLEASE COMPLETE PAG	GES 1-5		Date			
Name						
LAST	FIRST	MIDDLE	MAIDEN			
Present address						
	NUMBER STRE	EET CITY S	STATE ZIP			
How long at current addr	ess	_ Social Security No	o	<del></del>		
Telephone ()						
Are you under age 18	YESNO, if "YES", c	an you provide proof of your eligil	bility to work?YES	_N0		
Are you currently author	ized to work in the United	States?YESNO. Proof	of eligibility will be required	if hired.		
		Di	ays/hours available to work	:		
		No Pr	ref Thur			
and wage desired (2) _		Mon	Fri	<del></del>		
(Be specific)		Tue Wed	Sat Sun	<del></del>		
1						
How many hours can you	ı work weekly?	Email:				
Employment desired   FULL-TIME ONLY   PART-TIME ONLY   FULL- OR PART-TIME						
When are you available to start work?						
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE		
High School						
College						
Bus. or Trade School						
Professional School						
		substantially related to the function will not necessarily disqualify you f		b for which you		
		fense(s) leading to conviction(s), l nabilitation.				

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Do you have a Driver's License? □ Yes □ No						
What is your means of transportation to work?						
Driver's License  Number State of issue  Expiration date  Have you had any accidents during the past three years?  Have you had any moving violations during the past three	How many?					
	DISTIONS ONLY					
□ Yes Typing □ No WPM  Personal □ Yes PC □	□ Yes Word □ Yes  10-key □ No Processing □ No WPM  Other					
Computer   No Mac	Skills					
Please list two references other than relatives.						
Name	Name					
Position	Position					
Company	Company					
Address	Address					
Telephone ( )	Telephone ( )					
Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.						

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Have you ever been in the armed	□ Yes	□ No				
Are you now a member of the na	□ Yes	□ No				
Specialty	Da	ate Entered		Discharge I	Date	
Work Experience	Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.					
Name of employer Address	Name of Las Supervisor	t		Employment Dates	Pay or Salary	
City, State, Zip Code Phone number				From To	Start Final	
	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
Name of employer Address City, State, Zip Code Phone number	Name of Last Supervisor	i		Employment Dates	Pay or Salary	
				From	Start	
				То	Final	
	Your last job title	е				
Reason for leaving (be specific)						
List the jobs you held, duties per this company.	formed, skills use	ed or learne	d, advand	cements or promotions	while you worked at	

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City, State, Zip Code Phone number		From	Start					
. Helie Hallion		То	Final					
	Your last job title							
Reason for leaving (be specific)	Reason for leaving (be specific)							
List the jobs you held, duties performed, skills used or learned company.	d, advancements or pro	notions while you wo	orked at this					
Name of employer Address	Name of Last Supervisor	Employment Dates	Pay or Salary					
City, State, Zip Code		From	Start					
Phone number		То	Final					
	Your last job title							
Reason for leaving (be specific)								
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.								
May we contact your present employer? □ Yes □ No								
Did you complete this application yourself   Yes   No If not, who did?								

#### PLEASE READ CAREFULLY

#### **APPLICATION FORM WAIVER**

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by CIE (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of CIE or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,\_\_\_\_ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company.\_\_\_\_\_ Both the undersigned and CIE may end the employment relationship at any time, without specified notice or reason.\_\_\_\_\_ If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I authorize investigation of all statements contained in this application.

I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. \_\_\_\_ I authorize CIE to perform a local and federal criminal background check. I understand that, as a condition of employment, a medical examination and a drug screen may be required. I understand that, in connection with the routine processing of your employment application, the Company may request a criminal background investigation, and a consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested, as required by the Fair Credit Reporting Act.\_\_\_\_ I hereby authorize the aforementioned investigations. I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.\_\_\_\_ Signature of applicant\_\_\_\_\_\_ Date: \_\_\_\_\_

CIE is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with CIE depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.