

PLEASE EMAIL COMPLETED APPLICATION TO: work@harrycooper.com

This company is an Equal Opportunity Employer. This Company and Federal Law prohibits discrimination in employment practices because of race, color, religion, sex, age, national origin, or disability. No question of this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, national origin, or disability. This application for employment shall be considered active for a period not to exceed 60 days.

PERSONAL INFORMATION

Date: _____

Full name (First, Middle, Last)			
Present Address	City	State	Zip Code
How long at above address?	Ph	one No.	
Are you eligible to work in the U.S? YES NO	Are you 18 years or old	er? YES NO	
Email Address			
Are you able to perform the essential functions of the job for which you are applying	g, with our without a reasonable ac	commodation?	YES NO
Salary Requirement			
Position(s) applied for			
If your application is considered favorably, on what date would you be available for	work?		
Excluding expunged convictions, have you ever been convicted of a crime other than UYES DNO If yes, describe in full:	0 0	?	

EDUCATIONAL HISTORY

Name and Location of School	Number of	Did you	What	Nature of Course			
(Write names and city)	Years	Graduate	Year	taken, or Degree			
High School							
College							
Other							
List education, training, and experience relevant to the position applied for:							

ATTENTION APPLICANT (COMPLETE BACK SIDE)



EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT SINCE HIGH SCHOOL INCLUDING MILITARY SERVICE, LAST POSITON FIRST.

NAME OF EMPLOYER	FROM		то		DOSITION	SUPERVISOR'S	
	MO.	YR.	MO.	YR.	POSITION	NAME	REASON FOR LEAVING

REFERENCES: (Please do not list relatives)

NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED

FOR COMPANY USE ONLY							
Date employed							
Interviewed by:							
Salary Will begin							

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for C.B. Management CO. or it's subsidiaries to hire me. If I am hired, I understand that either C.B. Management CO. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of C.B. Management CO. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to C.B. Management CO. true and complete information on this application. No requested information has been concealed. I authorize C.B. Management CO. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.



Applicant's Signature

PLEASE SIGN THE FORM!



RELEASE OF INFORMATION

Date

I ______, hereby authorize the C.B. MANAGEMENT CO., INC., and AFFILIATES to conduct an investigative background check on me for the purposes of employment. I understand that such check may include, but is not limited to, information such as my arrest-conviction record, driving record, character, general reputation, personal characteristics, and mode of living.

I further release and hold harmless any Sheriff Department, Police Department, or any other organization for their part in securing the above information.

Furnished for	or the purp	ose of positi	ve identificati	on: (Pri	nt Clearly)	
Last:		Firs	t:		MI:	_
Address:					City:	
State:	Zip:					
A.K.A. (inc	lude maide	en name):				
SSN:			DOB:	/	/	

C.B. Management, Co and it's affiliates will never misuse any information or unlawfully discriminate against an applicant based on the information received.

Applicant's Signature