



APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s) applied For

Date of Application

How Did You Learn About Us?

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other _____

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

Social Security Number

_____/_____/_____

____-____-_____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you a U.S. citizen? *Proof of citizenship will be required upon employment.* Yes No

On what date would you be available for work? ____/____/____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job required it? Yes No

Have you ever been convicted of a felony? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Do you have any physical limitations which preclude you from performing certain types of work?_____If yes, please describe, including specific work restrictions. _____

List any relatives working at Comstar. _____

In Case of Emergency, Contact:

Name: _____

Phone #: _____

PREVIOUS EMPLOYMENT:

YOUR NAME	POSITION APPLYING FOR	SIGNATURE	DATE
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1 CURRENT (OR MOST RECENT) EMPLOYER OR COMPANY	DEPARTMENT IN WHICH YOU WORKED	POSITION HELD	
STREET	SUPERVISOR	PHONE	FINAL SALARY
CITY/STATE/ZIP	ANOTHER SUPERVISOR OR CO-WORKER	PHONE	
PHONE (WITH AREA CODE)	EMPLOYED FROM (DATE TO DATE)	REASON FOR LEAVING	



2 PREVIOUS EMPLOYER OR COMPANY	DEPARTMENT IN WHICH YOU WORKED	POSITION HELD	
STREET	SUPERVISOR	PHONE	FINAL SALARY
CITY/STATE/ZIP	ANOTHER SUPERVISOR OR CO-WORKER	PHONE	
PHONE (WITH AREA CODE) LEAVING	EMPLOYED FROM (DATE TO DATE]	REASON FOR	



3 PREVIOUS EMPLOYER OR COMPANY	DEPARTMENT IN WHICH YOU WORKED	POSITION HELD	
STREET	SUPERVISOR	PHONE	FINAL SALARY
CITY/STATE/ZIP	ANOTHER SUPERVISOR OR CO-WORKER	PHONE	
PHONE (WITH AREA CODE)	EMPLOYED FROM (DATE TO DATE)	REASON FOR LEAVING	

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES () NO () If no, please include, in your list of references, a current or former co-worker who may be contacted to verify your current employment.

EDUCATION HISTORY:

HIGHSCHOOL:

_____		_____	_____
NAME		CITY	STATE
From _____/_____/_____	To _____/_____/_____	Yes _____ No _____	_____
Attendance Dates		Did you Graduate?	Name Used During Attendance

COLLEGE OR OTHER EDUCATIONAL EXPERIENCE:

_____		_____	_____
NAME OF INSTITUTION		CITY	STATE
_____		_____	
Degree		Major	
From _____/_____/_____	To _____/_____/_____	Yes _____ No _____	_____
Attendance Dates		Did you Graduate?	Name Used During Attendance



REFERENCES:

PEOPLE WHOM YOU HAVE WORKED WITH ARE PREFERABLE. PLEASE DO NOT USE RELATIVES.

1 _____

NAME	STREET	CITY/STATE/ZIP	PHONE
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2 _____

NAME	STREET	CITY/STATE/ZIP	PHONE
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3 _____

NAME	STREET	CITY/STATE/ZIP	PHONE
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PLEASE READ AND SIGN BELOW

The facts set forth in this application are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate Comstar in any way if I am employed. Comstar is authorized to make an investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of its choice.

Signature of Applicant

WE ARE AN EQUAL OPPORTUNITY EMPLOYER