

EMPLOYMENT APPLICATION

CMG Leasing is a Drug-Free Workplace and an Equal Opportunity Employer. CMG Leasing actively seeks and employs qualified persons in all job classifications and administers all personnel actions without discrimination on the basis of race, religion, color, sex, age, national origin, marital status, personal appearance, sexual orientation, family responsibilities, disability, matriculation, or political affiliation. CMG Leasing complies with the law regarding reasonable accommodation for disabled employees. Applicants requiring reasonable accommodations in order to participate in the interview process are requested to contact the Human Resources Department to arrange such accommodations.

PLEASE WRITE LEGIBLY OR PRINT IN DARK INK				DATE	
NAME LAST		FIRST		INITIAL	
PRESENT ADDRESS				SOCIAL SECURITY NUMBER	
CITY				STATE	
				ZIP	
TYPE OF POSITION DESIRED				IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)	
REFERRED BY				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"/>	

EDUCATION

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS	DIPLOMA RECEIVED		MAJOR OR SPECIAL SUBJECTS
			YES	NO	
HIGH SCHOOL	1.				
	2.				
COLLEGE	1.				
	2.				
OTHER SCHOOLS OR TRAINING	1.				
	2.				

EMPLOYMENT RECORD

BEGINNING WITH YOUR MOST RECENT POSITION, DESCRIBE YOUR EMPLOYMENT RECORD FOR THE LAST 5 YEARS

1. COMPANY'S NAME & ADDRESS & TYPE OF BUSINESS	FROM		JOB TITLE AND DUTIES	ANNUAL SALARY
	MONTH	YEAR		SUPERVISOR'S NAME
	TO			REASON FOR LEAVING
	MONTH	YEAR		
TELEPHONE				
2. COMPANY'S NAME & ADDRESS & TYPE OF BUSINESS	FROM		JOB TITLE AND DUTIES	ANNUAL SALARY
	MONTH	YEAR		SUPERVISOR'S NAME
	TO			REASON FOR LEAVING
	MONTH	YEAR		
TELEPHONE				



3. COMPANY'S NAME & ADDRESS & TYPE OF BUSINESS	FROM		JOB TITLE AND DUTIES	ANNUAL SALARY
	MONTH	YEAR		SUPERVISOR'S NAME
TO		REASON FOR LEAVING		
MONTH	YEAR			
TELEPHONE				
4. COMPANY'S NAME & ADDRESS & TYPE OF BUSINESS	FROM		JOB TITLE AND DUTIES	ANNUAL SALARY
	MONTH	YEAR		SUPERVISOR'S NAME
TO		REASON FOR LEAVING		
MONTH	YEAR			
TELEPHONE				

May we contact the employers listed above? ____ If not, please indicate by number which one(s) you do not wish us to contact and indicate when we may contact them. _____

Have you ever been involuntarily terminated from any employment? ____ If yes, please explain. _____

Have you been convicted of a felony with the last 7 years? (Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered.) Yes ____ No ____ If yes, please explain: _____

I hereby submit this application for employment with CMG Leasing (the "Company"). I agree that any employment arrangement which may be entered into is based upon the truthfulness of the statements I have made in this employment application and that any misrepresentation is a basis for termination of my employment with the Company. I understand that this employment application with CMG Leasing does not and will not constitute a contract for employment.

I understand that the quotation of an annual salary or wage rate does not guarantee my employment for any fixed period of time. I understand that, if hired, my employment is at will and can be terminated at any time, with or without notice, for any reason. I further understand that CMG Leasing may change the terms of my employment.

If I am employed by CMG Leasing, I agree to conform to its rules and regulations, as they may be changed by the Company from time to time.

My signature below constitutes my authorization to any former employers, or other persons or agencies, to supply CMG Leasing with information concerning my background and qualification for employment. Further, I release from liability such former employers or other persons contacted by and providing information to the Company. I also authorize the Company, if appropriate, to seek information on my personal history, financial history, criminal convictions, and driving and credit records through investigation by an outside agency. I understand that any offer of employment is conditional upon my passing a post-offer drug test and I understand that the consequence of my refusal to submit to a drug test is that my employment will not be considered.

Upon termination of my employment I will leave with the Company all documents, records, notebooks, customer lists and similar items and items containing confidential information of any type, including copies thereof then in my possession, whether by me or by others.

Applicant Signature: _____ Date: _____

