

COA, LLC.

Application for Employment

Equal Opportunity Employer

ADA Compliant

Date of Application _____

Position(s) Applied For

Name (Last, First, M.I.)

Birthdate (ex. 10/18/1979)

()

Social Security Number

Home Phone

()

Address

Cell Phone

City, State, Zip

E-mail Address (required)

I under 18, can you furnish a work permit?

Yes

No

Have you filed an application with COA, LLC. before?

Yes

No If yes, give date(s) _____

Have you ever worked for COA, LLC.?

Yes

No If yes, give date(s) _____

Are you currently employed?

Yes

No

May we contact your present or past employer(s)?

Yes

No

Are you prevented from lawfully being employed in this country because of Visa or Immigration Status?

Yes

No

(Proof of citizenship or immigration status will be required upon employment)

What date would you be available to start work? _____

Are you available to work:

(check all that apply)

Full Time

Part Time

Shift Work

Temporary

Have you been convicted of a felony within the past 7 years?

Yes

No

(Conviction will not necessarily disqualify the applicant for employment)

Education

	School Name	Years Completed / Degree <small>(circle all that apply)</small>	Diploma / Degree	Course of Study
High School / GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Employment History

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected services.

#1

Employer:	Name of Last Supervisor	Dates Employed	Pay or Salary
Address:		From To	Start Final
Phone Number:	Job Title:		
Work Performed:			

#2

Employer:	Name of Last Supervisor	Dates Employed	Pay or Salary
Address:		From To	Start Final
Phone Number:	Job Title:		
Work Performed:			

#3

Employer:	Name of Last Supervisor	Dates Employed	Pay or Salary
Address:		From To	Start Final
Phone Number:	Job Title:		
Work Performed:			

#4

Employer:	Name of Last Supervisor	Dates Employed	Pay or Salary
Address:		From To	Start Final
Phone Number:	Job Title:		
Work Performed:			

COA, LLC.

Application for Employment

Professional / Personal References

Table with 3 columns: Name, Relationship, Phone Number, Address, City, State, Zip. Contains three rows for references.

Specialized Training, Skills and Qualifications

Summarize special skills and qualifications acquired from employment experience or education including computer software skills in which you have skill, including word processing, spreadsheet and database programs.

List professional, trade or civic activities and offices held. You may exclude membership, which reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

Applicant Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at the time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing. If hired, I am free to resign at any time, just as the company is free to terminate my employment for any reason at any time including layoff and change in operation situations.

In the event of employment, I understand that false or missing information given in the application or interview(s), may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, which are hereby merged herein.

I waive all provisions of law forbidding colleges or universities which I attend, or past employers, from disclosing any information which they have acquired relevant to my employment. I consent that they may disclose such information to COA, LLC.

Signature of Applicant (written or electronic)

Date

Voluntary Applicant Survey

How did you learn about the position(s) for which you applied?

Electronic / Computer Posting

A Former Employee of COA

A Current Employee of COA

Name: _____

Application for Employment

Voluntary Equal Opportunity Survey

Providing this information is voluntary and your application and/or employment decision will not be adversely affected if you respond or decline to do so. We would appreciate your cooperation and assistance in our efforts to ensure equal opportunity employment. This data will be kept confidential.

Name (Last, First)

Date

Position(s) Applied For

Male Female

Gender (please check)

Birth Date

Ethnic Background (please check):

- Caucasian (Non-Hispanic)
- African American (Non-Hispanic)
- Hispanic
- Native American
- Asian / Pacific Islander
- Other: _____

COA, LLC. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law.