

CCI COMPANIES, INC.

APPLICATION FOR EMPLOYMENT

P.O. Box 186
Canastota, NY 13032

P: 315-697-2547
F: 315-697-8436

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Application for Employment Form* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

CCI COMPANIES, INC. is an Equal Opportunity Employer. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status.

Please notify a company representative if a reasonable accommodation is needed to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number		
	Street Address		Cell Phone Number		
	City		State	Zip Code	
	Position Applied For		Salary or Hourly Wage Desired		
	Are you Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (check all that apply) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights		Date Available to Start Work		
	Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you previously submitted an <i>Application for Employment Form</i> and/or been interviewed for employment with us? If yes, give month and year			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been employed with our company before? If yes, give dates From _____ to _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If you have received a copy of the job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Job Description Not Provided	

EDUCATION	Type of School Attended	Name and Location of School	Number of Years Completed	Course of Study/Major	Diploma or Degree Obtained	GPA
	High School Or Preparatory School					
	College					
	Other					

Equipment you have previous operated or been trained to operate:

List any additional job-related skills, technical, or professional knowledge that you feel would support your qualifications for employment:

List any certificates, licenses, or professional achievements that would support your qualifications for employment:

EMPLOYMENT HISTORY Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this form.

If current employer, may we contact to obtain employment information? Yes No

Name of Employer		Telephone Number ()		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____		Starting Pay Rate	Current or Final Pay Rate	
Job Title of Position		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments				

Reason for leaving

Name of Employer		Telephone Number ()		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____		Starting Pay Rate	Final Pay Rate	
Job Title of Position		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments				

Reason for leaving

Name of Employer		Telephone Number ()		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____		Starting Pay Rate	Final Pay Rate	
Job Title of Position		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments				

Reason for leaving

REFERENCES List three references other than relatives or former supervisors

Name/Occupation	Address	Telephone #	Years Known
1.			
2.			
3.			

CONVICTION RECORD STATUS

All applicants and employees must, as a condition of employment, inform CCI COMPANIES, INC. of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within three days of receiving a conviction if currently employed.

Have you ever been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years? Yes No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment. Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense. The company reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that this *Application for Employment Form* was completed by me, and that all information provided is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of any material fact may disqualify me from further consideration of employment, withdrawal of an offer of employment, or termination of employment, if hired.

I authorize CCI COMPANIES, INC. to verify all of the information I have provided on this *Application for Employment Form* or furnished elsewhere, and to obtain any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide the company with any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release CCI COMPANIES, INC. and its employees from all liability for any damage that may result from reliance on the information furnished.

If employed by the company, I understand that I am required to abide by the company's policies, procedures, rules, and regulations including random drug testing if applicable. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by the company or myself at any time for any reason with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the company's employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date _____ Signature of Applicant _____

EMPLOYMENT APPLICANT VOLUNTARY SELF-IDENTIFICATION

This information will not be used in our hiring decision and will be treated as confidential. This information will be kept separate from your Application from Employment Form.

Date _____ Name _____

Position Applied For _____

Important - All Applicants/Employees Read: To enable CCI Companies, Inc. to meet government reporting requirements, all applicants and employees are requested, but not required, to voluntarily complete this form. The information will be used solely for government reporting purposes. We consider all applicants without regard to race, color, religion, sex, national origin, sexual orientation, genetic predisposition or carrier status, age, marital or veteran status, disability, or any other legally protected class or status.

If you choose not to answer any of these questions, you will not be subject to adverse treatment. However, if you choose not to "self-identify", we are required under federal regulations to maintain race, sex, and disability information on the basis of visual observation or personal knowledge.

____ I do not wish to furnish the following information **OR** ____ I volunteer the following information.

SEX: ____ Male ____ Female ____ Other

RACE: ____ White ____ Black ____ Hispanic ____ Asian or Pacific Islander ____ American Indian or Alaskan

Vietnam-Era Veteran:

A Veteran of the Vietnam-era means a veteran, any part of whose active U.S. military, naval, or air service, was in the Republic of Vietnam during the period between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, who (1) served on active duty for a period of more than 180 days and was discharged or released therefore with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability if any part of such active duty was performed in Vietnam between such dates.

Are you a Veteran of the Vietnam-era? Yes No Discharge Date _____

Special Disabled Veteran:

A Special Disabled Veteran means (1) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (a) rated at 30% or more, or (b) rated at 10% or 20% in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious employment handicap or (2) a person who was discharged or released from active duty because of a service-connected disability.

Are you a Special Disabled Veteran? Yes No Discharge Date _____

Other Eligible Veteran:

Other Eligible Veteran means a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Are you an Other Eligible Veteran? Yes No Discharge Date _____

Disability:

Are there any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability?

____ Yes ____ No If YES, please explain: _____

Are there any accommodations we could make which would enable you to perform the job properly and safely?

____ Yes ____ No If YES, please explain: _____