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# EMPLOYMENT APPLICATION

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## Corporate Business Solutions

*A Drug-Free Employer*

1523 Johnson Ferry Rd, Suite 200

Marietta, Georgia 30062

(404) 521-6030

### TO APPLICANT:

We appreciate your interest in our organization and we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

*Note: All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.*

**(PLEASE PRINT)**

Company you are applying with: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Type of employment desired:       Full-time       Part-time       Temporary

Applicant Name: \_\_\_\_\_

### **Corporate Business Solutions is an Equal Opportunity Employer.**

Applicants will be considered without discrimination based on race, religion, color, sex, age, national origin, marital status, disability or veteran status.

PLEASE COMPLETE ALL QUESTIONS AND PUT "N/A" WHERE NOT APPLICABLE  
(PLEASE PRINT)

**PERSONAL DATA**

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_  
*Street City State Zip Code*

List any other names you have used or currently use (nicknames, married names, etc.)

\_\_\_\_\_

Are you legally eligible for employment in the USA? Yes  No  If under 18, state your age \_\_\_\_\_

When would you be available to begin work? \_\_\_\_\_

Are you on lay-off subject to rehire elsewhere? Yes  No

**EDUCATIONAL HISTORY**

Type	Institution/Location	No. Years	Degree/Major
High School			
College			
Graduate School			
Vocation/Technical			

If a license is required for the position you are applying, please identify the license type, number and state of issuance: \_\_\_\_\_

**GENERAL**

<i>Special Skills, Activities, knowledge, or credentials that you feel add to your qualifications for the position applied for. Include any job-related training received in the military.</i>

## EMPLOYMENT HISTORY

(Start with your present or last job. If more room is needed, you may attach additional sheets.)

**(PLEASE PRINT)**

<i>Employer</i>	<i>Dates Employed</i>		<i>Responsibilities/Work Performed</i>
<i>Address</i>	<i>From</i>	<i>To</i>	
<i>Telephone Number</i>			
<i>Job Title</i>	<i>Hourly Rate/Salary</i>		
<i>Supervisor</i>	<i>Starting</i>	<i>Final</i>	
<i>Reason For Leaving</i>			
<i>Employer</i>	<i>Dates Employed</i>		<i>Responsibilities/Work Performed</i>
<i>Address</i>	<i>From</i>	<i>To</i>	
<i>Telephone Number</i>			
<i>Job Title</i>	<i>Hourly Rate/Salary</i>		
<i>Supervisor</i>	<i>Starting</i>	<i>Final</i>	
<i>Reason For Leaving</i>			
<i>Employer</i>	<i>Dates Employed</i>		<i>Responsibilities/Work Performed</i>
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<i>Address</i>	<i>From</i>	<i>To</i>	
<i>Telephone Number</i>			
<i>Job Title</i>	<i>Hourly Rate/Salary</i>		
<i>Supervisor</i>	<i>Starting</i>	<i>Final</i>	
<i>Reason For Leaving</i>			

May we contact your present/last supervisor? Yes  No

Print Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### APPLICANT ACKNOWLEDGEMENTS

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I understand that I may also be subject to a background check and that I must successfully pass a drug screen to be considered for employment. If employed by Corporate Business Solutions, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Applicant:  
Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### DRUG TESTING RELEASE

“I hereby consent to submit to a urinalysis and/or other test as determined by Corporate Business Solutions (The Company) as part of the hiring process. I understand that the purpose of the test is to detect the presence of illegal drugs in my system and with my signature, I consent to this test and that the current use of illegal drugs will cause my application for employment to be withdrawn from further consideration.

I further agree to hold harmless The Company and its agents (including the physician or clinic), from any liability arising in whole or in part, out of the collection of specimens, testing, and use of test results information in connection with The Company’s consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is voluntary on my part and that I have not been coerced into signing this document by anyone.”

Applicant:  
Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_