## EMPLOYMENT APPLICATION C.D.J.M. SOLUTION LLC

Please complete the entire application.

It is the policy of C.D.J.M. SOLUTION LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

| 1.  | Applicant Information:  |  |  |  |
|-----|---|--|--|--|
|     | Applicant Full Name:  |  |  |  |
|     | Home Address:  City/State/Zin:  |  |  |  |
|     | City/State/Zip:   |  |  |  |
|     |   |  |  |  |
|     | Number of years at this address: Evening Phone:   |  |  |  |
|     | Mobile Phone:   |  |  |  |
|     | Social Security Number:   |  |  |  |
|     | Driver's License (Number/State issued):   |  |  |  |
|     | Date of Birth:  |  |  |  |
| 2.  | Position Applied For:   |  |  |  |
| 3.  | How did you hear about our company:   |  |  |  |
| 4.  | Have you ever applied to our company: YesNo; If yes, when?  |  |  |  |
| 5.  | Are you at least 18 years old: Yes No   |  |  |  |
| 6.  | Are you willing to work any shift, including nights and weekends: Yes No  |  |  |  |
| 7.  | If you are offered employment, when would you be available to begin work?   |  |  |  |
| 8.  | If hired, are you able to provide proof that you are legally eligible for employment in the United States? Yes No                         |  |  |  |
| 9.  | Are you able to perform the essential functions of the job position you are applying for with or without reasonable accommodation? Yes No |  |  |  |
| 10. | Have you ever been convicted of a felony or misdemeanor? (please circle)YesNo If yes, please explain:                                     |  |  |  |

## THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF WORK APPLIED FOR.

## 11. SKILLS:

Please list any skills you feel may be useful in performing the position you are applying for. Enter the number of years of experience and circle the appropriate number which corresponds to your ability to perform each skill. (One represents poor ability, while five represents exceptional ability.)

| <u>SKILLS</u>   | YEARS OF EXPERIENCE  | ABILITY RATING         |
|-----------------|--|------------------------|
|                 |  | 12345                  |
|                 |  | 12345                  |
|                 |  | 12345                  |
|                 |  | 12345                  |
|                 |  | 12345                  |
| 12. EMPLOYMEN   | T HISTORY  |                        |
| beginning with  | all employment (including self-employn<br>the most recent and list and explain any<br>e is needed please use the back of this pa | gaps in employment. If |
| Employer Nam    | ۵۰   |                        |
| Immediate Sun   | e:   |                        |
| Address:        | ervisor:   |                        |
| City/State/7in: |  |                        |
| Phone:          |  |                        |
| Job Duties:     |  |                        |
|                 | yment (Month/Year):  |                        |
| Reason for Lea  | ving:  |                        |
| Employer Nam    | e:   |                        |
| Immediate Sup   | ervisor:   |                        |
| Address:        |  |                        |
| City/State/Zip: |  |                        |
| Phone:          |  |                        |
| Job Duties:     |  |                        |
|                 | yment (Month/Year):  |                        |
| Reason for Lea  | ving:  |                        |
|                 | S  |                        |

| 1 | Employer Name:  |  |  |
|---|---|--|--|
| ] | Immediate Supervisor:   |  |  |
| 1 | Address:  |  |  |
| ( | City/State/Zip:   |  |  |
| I | Phone:  |  |  |
|   | Job Duties:   |  |  |
| I | Dates of Employment (Month/Year):   |  |  |
| I | Reason for Leaving:   |  |  |
| l | Employer Name:  |  |  |
| ] | Immediate Supervisor:   |  |  |
| 1 | Address:  |  |  |
| ( | City/State/Zip:   |  |  |
| ] | Phone:  |  |  |
| J | Job Duties:   |  |  |
| I | Dates of Employment (Month/Year):   |  |  |
| ] | Reason for Leaving:   |  |  |
| - | College/University Name and Address:  Did you receive a degree:  Ves. No. If yes, degree(s) received: |  |  |
|   | Did you receive a degree: Yes No. If yes, degree(s) received: _                                       |  |  |
| 1 | High School/GED Name and Address:   |  |  |
| I | Did you receive a degree? Yes No  |  |  |
| ( | Other Training: (Technical; Vocational):  |  |  |
| I | Please list any current professional licenses or certifications that you hold:                        |  |  |
| 1 | Awards, Honors, Special Achievement:  |  |  |
| - | Military Service: Yes No; Branch:   |  |  |

## 14. REFERENCES:

|       | List two non-relative references.   |                              |  |  |
|-------|---|------------------------------|--|--|
| 1     | Name:Address:   |                              |  |  |
| (     | City/State/Zip:   |                              |  |  |
| I     | Phone:  |                              |  |  |
| J     | Relationship:   |                              |  |  |
| I     | Relationship:   |                              |  |  |
| 1     | Name:   |                              |  |  |
| 1     | Address:  |                              |  |  |
| (     | City/State/Zip:   |                              |  |  |
| J     | Phone:  |                              |  |  |
| J     | Relationship:   |                              |  |  |
| ]     | lationship:   |                              |  |  |
|       | 5. Please provide any and all information you believe would be beneficial to you in performing the duties of the position you are applying for: |                              |  |  |
| 16. 4 | Are you bound by any agreement or contract w  | vith any other company?YesNo |  |  |
| PPLIC | CANT SIGNATURE:   | DATE:                        |  |  |