



email laurac@chapelmapping.com***** web site www.chapelmapping.com
 Phone (814) 723-0861 Fax (814) 723-9106

EMPLOYMENT APPLICATION

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Desired Salary		Driver license in which state?	
Position Applied for			Do you have a valid driver license?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have reliable transportation?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain		
Have you ever been convicted of any crime?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, list all and explain		

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two of your former SUPERVISORS as references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		
Reserves	From	To

DISCLAIMER AND SIGNATURE

I certify that all information given by me on this application is correct, true and complete. I understand that falsification of any information on this application will be cause for immediate discharge from the employer's service.
 I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the U.S.A. By signing this application I am certifying that I have read, fully understand, and accept all the terms of the employment application. I also understand that Employment is contingent on signing Chapel Mapping Work Rules, Agreement not to Compete and other Employee Forms.

Signature	Date
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REFERENCE CHECK RELEASE FORM

I authorize Chapel Mapping to conduct a reference check with my present and/or previous employer(s). This also serves to authorize my present and/or previous employer(s) to provide reference information to Chapel Mapping as it is requested. I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor and character, rehire potential, dates of employment, salary and employment history. By providing such authorization, I understand and agree that I release Chapel Mapping, from any and all claim regarding any employment decisions made about me on the basis of such information.

Signature_____

Print your name_____

Date_____