

EMPLOYMENT HISTORY

Please state your last employments experiences, beginning with your most recent job (the history should not exceed 10 years).

Name of Employer and Address: _____ _____ _____ _____	For office use purposes: _____ Job Title: _____ _____ Supervisor: _____ Phone No.: _____	From: / / To: / / Reason for leaving: _____ _____
Name of Employer and Address: _____ _____ _____ _____	For office use purposes: _____ Job Title: _____ _____ Supervisor: _____ Phone No.: _____	From: / / To: / / Reason for leaving: _____ _____
Name of Employer and Address: _____ _____ _____ _____	For office use purposes: _____ Job Title: _____ _____ Supervisor: _____ Phone No.: _____	From: / / To: / / Reason for leaving: _____ _____

Have you been convicted of any violation of law? Yes No If yes, provide details:

EQUAL EMPLOYMENT OPPORTUNITY

We are an equal employment opportunity employer. We take actions directed to the recruitment or placement of women, minority groups, veterans and individuals with disabilities.

SURVEY

How you knew about CTS? Mark one: Veteran's Organization, Rehabilitation/Vocational Office
 Consortium/Partnership, Newspaper Add, Department of Labor, Disable People Organization,
 Technical/Vocational College, University, Online Adds, Web Page, Radio Advertisement, TV Advertisement, Referred by other company, Referred by an employee, Other: _____

APPLICANT'S INFORMATION

As part of our standard procedures to process your employment application, the information you provided herein with regards to your personal information and previous employment references, could be verified. If you made false representation or omitted information in this application, and you are subsequently recruited, your services might be ceased. Nevertheless, should you be interested in knowing the information obtained from your references verification, it might be obtained through a written request.

If necessary, you might be asked the following in order for us to make you a job offer: Provide your birth certificate or any other proof which validates your legal right to work in the U.S., undergo physical examination, drug testing, and ratify various agreements defining the terms related to working conditions.

You authorize CTS to provide to the Client-Company of: evidence from studies, evidence of test of controlled substances, health certificate, good standing certificate, photo ID and social security number, if necessary, and resignation to the confidentiality of the documents.

I certify to have understood the information mention above and are in agreement with the same. I certify that all information provided by me in this application is true and I accept that being false my services might be terminated.

Applicant's Signature

Date

CTS-1-000001-001 Rev. 06/01/18
