

EMPLOYMENT APPLICATION – COMMON WEALTH DEVELOPMENT, INC.

Please print or type all information.

BASIC INFORMATION

Position You Are Applying For						
Last Name		First Name		Middle Name		
Present Address (Number, Street)			City		State	Zip Code
Home Phone Number		Daytime Phone Number		E-Mail Address		
If the position requires it, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If the position requires it, do you have regular access to an insured car? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you speak any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what language(s)?				

EDUCATION

Name And Location Of High School		Check Last Year Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year Degree Was Awarded		
EDUCATION BEYOND HIGH SCHOOL (COLLEGE, UNIVERSITY, BUSINESS, VOCATIONAL OR OTHER SCHOOLS)								
Name and Location of Institution			Dates Attended		Major Field		Degree Received & Month/Year	
			From	To				

WORK HISTORY (START WITH YOUR PRESENT OR MOST RECENT JOB.)

Employer		Your Title		Name of Supervisor	
Business Address (Street, City, State, Zip Code)				Phone Number	
Your Duties					
Dates Employed			Reason for Leaving		
From		To			

WORK HISTORY (CONTINUED)

Employer	Your Title	Name of Supervisor
Business Address (Street, City, State, Zip Code)		Phone Number
Your Duties		
Dates Employed From To	Reason for Leaving	

Employer	Your Title	Name of Supervisor
Business Address (Street, City, State, Zip Code)		Phone Number
Your Duties		
Dates Employed From To	Reason for Leaving	

May we contact the above employers? Yes No

REFERENCES (PLEASE LIST THE FOLLOWING INFORMATION FOR THREE PROFESSIONAL REFERENCES: NAME, TELEPHONE NUMBER, AND YOUR ASSOCIATION WITH EACH INDIVIDUAL.)

CERTIFICATION (PLEASE SIGN AND DATE THE FOLLOWING STATEMENT.)

I certify that all answers to the questions in this application and accompanying documents are true, and I agree that any misstatements or omissions of fact will cause forfeiture on my part of rights to employment with Commonwealth Development, Inc.

Applicant Signature

Date

Anonymous Applicant Questionnaire

Common Wealth Development, Inc. is committed to ensuring a diverse workplace. The survey below is voluntary and will be used to help us understand our applicant population and refine our efforts to recruit and employ a representative population. This page will be removed from the rest of your materials and the information provided will in no way be linked to your application for employment with Common Wealth Development. All information will be kept strictly confidential. Thank you for your help in our efforts!

Position you are applying for: _____

• **Sex:** Male Female

• **Age:** 18-24 25-34 35-44
 45-54 55-59 60 and over

• **Ethnic Group/Race:**

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- Caucasian
- Hispanic/Latino
- Other (please describe): _____

• **Do you have a disability?**

Yes No

• **How/where did you find out about this position?** _____

Thank You!