



35 Sparta Avenue
 Sparta, NJ 07871
 (973) 300-9003

APPLICATION for EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

YOUR PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:
Social Security No:		Today's Date: ____ / ____ / ____

Email Address:		
Home Address:		
City:	State:	Zip:
Home Phone:	Business/Cell Phone:	
Can you prove that you are legally entitled to work in the USA? (Please check one) YES <input type="checkbox"/> NO <input type="checkbox"/>		
If not a U.S. Citizen, give Visa Number and Expiration Date:		
Do you have a valid Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>	Num.:	State issued:

Position you are applying for:	
Where did you hear about this position?	
Are you able to work? <i>(check all that apply)</i>	
Full-Time <input type="checkbox"/>	Summer/Seasonal <input type="checkbox"/> Other: _____ <input type="checkbox"/>
Part-Time <input type="checkbox"/>	Temporary Assignment <input type="checkbox"/>

PAST CP ENGINEERS EXPERIENCE

Have you ever applied for a position with CP Engineers? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please list the date(s) and position(s):
Have you ever been employed by CP Engineers? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please list the date(s) and position(s):
Do you have any friends/relatives who are currently, or in the past have been, employed by CP Engineers? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please list the name(s) and your relationship with this person:

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EDUCATION / ACCOMPLISHMENTS RECORD

Please list the highest level of education accomplishment that you wish to be considered in the employment decision process.

HIGH SCHOOL:	
(city and state):	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>

COLLEGE, BUSINESS, TRADE OR TECHNICAL SCHOOL:	
(city and state):	
Dates Attended:	Degree or subject:
Other Information:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>

ADVANCED DEGREES, SCHOOL:	
(city and state):	
Dates Attended:	Degree or subject:
Other Information:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>

ADDITIONAL SCHOOLING:	
(city and state):	
Dates Attended:	Degree or subject:
Other Information:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>

PROFESSIONAL LICENSES / CERTIFICATIONS: _____

PROFESSIONAL AFFILIATIONS / SOCIETIES: _____

PUBLICATIONS: _____

AWARDS / HONORS: _____



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WORK HISTORY

(STARTING WITH THE MOST RECENT JOB, PROVIDE 10-YEAR EMPLOYMENT HISTORY AND ACCOUNT FOR ALL GAPS IN EMPLOYMENT)

1-EMPLOYER:	Employed: From (mm/yy)	To (mm/yy)
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:	May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reason for Leaving:		
2-EMPLOYER:	Employed: From (mm/yy)	To (mm/yy)
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:	May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reason for Leaving:		
3-EMPLOYER:	Employed: From (mm/yy)	To (mm/yy)
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:	May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reason for Leaving:		

ADDITIONAL INFORMATION

Are you a registered Sex Offender? YES <input type="checkbox"/> NO <input type="checkbox"/>
Would you pass a substance abuse screening? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you currently, or were you previously, in the military? No <input type="checkbox"/> Previously <input type="checkbox"/> Currently <input type="checkbox"/>
Branch and Rank: _____

PROFESSIONAL REFERENCES

1-NAME:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:	Email:	
Comments (if any):		
2-NAME:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:	Email:	
Comments (if any):		
3-NAME:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:	Email:	
Comments (if any):		



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AUTHORIZATION, BACKGROUND CHECK, CONFIDENTIALITY & REFERENCE CHECK CONSENT FORM

Read carefully and completely before signing.

SECTION I – CONSENT

I certify that all statements made by me in this application for employment, in the resume I submitted to CP Engineers, Architecture & Life Sciences (CP), and during my conversations with members of CP are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation, falsification or omission of facts willfully made by me on this application, on my resume or during conversations with members of CP, regardless of when discovered, shall be grounds for disciplinary action, up to and including termination of employment.

I hereby authorize CP to fully investigate my record and work qualifications either before (except present employer) or after my employment (all employers) and, to facilitate such investigation. I authorize prior employers, references and others identified in this application as sources of information regarding my character, qualifications, work history, and background to provide information. This consent for a background screening allows for future background checking for purposes of promotion, reassignment, or retention. I hereby release my previous employers, educational institutions and credit reporting agencies from any liability or claims arising out of the release of such information. I understand and agree that my employment is contingent upon my acceptance of the terms of CP.

I understand and agree that any knowledge whatsoever of a confidential nature, which I may acquire as a result of or in connection with my employment shall remain the sole exclusive property of CP, both during and after termination of my employment. Such confidential information includes, but is not limited to, the following examples: Customer Lists, Customer Preferences, Financial Information, Marketing Strategies, Pending Projects and Proposals, all Proposals and Pricing Sheets, Research and Development Strategies, Technological Data.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of tests for drugs and/or alcohol at a company selected facility at the company's expense, and I understand that the company may use any information obtained from such tests to the extent permitted by state and federal law.

I understand and agree that if employed by CP, such employment is not for any definite period, but may be terminated by either party at any time. The first ninety (90) days of employment shall be considered as a probationary period prior to permanent employment. I further agree to obey all rules, policies and practices of CP, if accepted as an employee.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

SECTION II – SIGNATURE

I have read and understand the foregoing.

Applicant Name (please type or print)

Signature of Applicant-Required

____/____/_____
Date

This company is committed to a policy of equal employment and provides an affirmative action opportunity for all applicants and employees. Employment decisions shall comply with all applicable laws prohibiting discrimination in employment, including Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, the Americans with Disabilities Act of 1990, the Immigration and Nationality Act, the Fair Credit Reporting Act, and any applicable state laws. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.