

APPLICATION FOR EMPLOYMENT

CANTERBURY ENTERPRISES, LLC.

NOTICE: *This information will be used to determine a person's qualifications and abilities without regard to race, color, age, religion, national origin, disability or other characteristic protected by law. Any item on this form, which you feel tends to be discriminatory, need not be completed. This application will remain active for 30 days.*

An Equal Opportunity Employer

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Date																												
Street Address			Home Phone: () Business Phone: () Cellular Phone: ()																												
City, State, Zip			Social Security #																												
Have you ever applied for employment with us? (Circle your choice) YES NO If yes: Month and Year : Location:																															
Have you ever worked with this company before? (Circle your choice) YES NO If yes: Month and Year: Location:																															
Within the last 10 years, have you forfeited bond, pleaded guilty or no contest to, been convicted of, or served time for any criminal offense? (This does not include motor vehicle violations) Please be Honest. Some positions do require a background check. (Circle your choice) YES NO If yes, provide the date, the offense, and the place where such forfeiture, plea, or conviction occurred.																															
Position Desired – The categories listed below can be used as a guideline. Please indicate the position(s) of interest on the line below. <table style="width: 100%; border: none;"> <tr> <td>Accounting</td> <td>Computer Tech</td> <td>Information Technology</td> <td>Personnel</td> </tr> <tr> <td>Administrative</td> <td>Corporate Trainer</td> <td>Legal Secretary</td> <td>Receptionist</td> </tr> <tr> <td>Administrative Assistant</td> <td>Customer Service</td> <td>Light Industrial</td> <td>Retail</td> </tr> <tr> <td>Advertising</td> <td>Data Entry</td> <td>Management</td> <td>Sales</td> </tr> <tr> <td>Arts and Humanities</td> <td>Dietary Aide</td> <td>Marketing</td> <td>Shipping/Receiving</td> </tr> <tr> <td>Call Center</td> <td>General Clerical</td> <td>Medical</td> <td>Staffing</td> </tr> <tr> <td>Catering</td> <td>Graphic Artist</td> <td></td> <td></td> </tr> </table> _____				Accounting	Computer Tech	Information Technology	Personnel	Administrative	Corporate Trainer	Legal Secretary	Receptionist	Administrative Assistant	Customer Service	Light Industrial	Retail	Advertising	Data Entry	Management	Sales	Arts and Humanities	Dietary Aide	Marketing	Shipping/Receiving	Call Center	General Clerical	Medical	Staffing	Catering	Graphic Artist		
Accounting	Computer Tech	Information Technology	Personnel																												
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Are you able to perform the essential functions for which you are applying? YES NO If no, describe the functions that cannot be performed: _____																															
We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Employment may be subject to passing skill and agility tests and/or a medical exam.																															

What date are you available to begin work ?	Hourly Rate Expected
	\$
Are you legally eligible for employment in the United States? (Circle your choices) YES NO	Are you over the age of 16? YES NO
Will you work overtime if asked? YES NO If no, please explain:	
Are you available to work weekends? YES NO If no, please explain:	
Are you available to work holidays? YES NO If no, please explain:	
Check the days that you are available for work and list your times of availability for each day individually. <div style="margin-left: 20px;"> <input type="checkbox"/> Sunday _____ <input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ </div>	
Additional comments: _____ <div style="background-color: black; height: 10px; width: 100%;"></div>	
Are you currently working? YES NO	
If yes, may we contact your present employer? YES NO	
Comments: _____	

EDUCATION

School	Name and Location of School	Course of Study	No. of Years	Did you Graduate? Completed	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please describe any other special courses, seminars, training sessions or professional accomplishments that have been a part of your overall education relevant to the position(s) for which you are applying.

What languages, other than English, are you able to read, speak, or write? Please indicate your ability by {R}Read / {S}Speak / {W} Write

Membership in Professional or Civic Organizations

(Exclude those that may disclose your race, color, religion or national origin)

Military

Did you serve in the U.S. Armed Forces? Yes No If "Yes" in what Branch?

Describe any training received relevant to the position(s) for which you are applying.

EMPLOYMENT

List each company for whom you have worked. Start with your most recent or present job and work backwards. Include Name, Complete address & Phone Number of Employer, Job Title and duties performed. If additional space is needed, attach a supplementary sheet.

NOTE: THIS SECTION MUST BE COMPLETED. A RESUME IS NOT A SATISFACTORY SUBSTITUTE.

Company Name _____
 Address _____
 Name of Supervisor _____
 State Job Title and Describe Your Work _____

Telephone () _____
 Dates Employed- (State month and Year)
 From _____ To _____
 Hourly pay _____
 Start _____ Last _____
 Reason for Leaving _____

Company Name _____
 Address _____
 Name of Supervisor _____
 State Job Title and Describe Your Work _____

Telephone () _____
 Dates Employed- (State month and Year)
 From _____ To _____
 Hourly pay _____
 Start _____ Last _____
 Reason for Leaving _____

Company Name _____
 Address _____
 Name of Supervisor _____
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 Dates Employed- (State month and Year)
 From _____ To _____
 Hourly pay _____
 Start _____ Last _____
 Reason for Leaving _____

Company Name _____
 Address _____
 Name of Supervisor _____
 State Job Title and Describe Your Work _____

Telephone () _____
 Dates Employed- (State month and Year)
 From _____ To _____
 Hourly pay _____
 Start _____ Last _____
 Reason for Leaving _____

We may contact the employers listed above unless you indicate those you do not want us to contact.	<i>Do Not Contact</i> Employer Numbers (s) _____ Reason _____
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I understand that I may be required to take a drug test and I may be subject to a background check depending on the position I am considered for.

 Signature

 Date

The information requested is needed for a legally permissible reason, including , without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types as discrimination based upon ancestry, marital status and sexual preference.

Provide dates you attended school: High School _____ College. From _____ To _____ From _____ To _____	Number of dependents, including yourself: _____ Are you a Vietnam veteran? Yes _____ No _____
Other Schools/Institutions(Give name and dates) _____	Sex: Male _____ Female _____
Marital Status: _____ Single _____ Married	Are you a U.S. Citizen? Yes _____ No _____
What was your previous address? _____	How long at present address? _____ Years How long at previous address? _____ Years
Have you ever been bonded? _____ Yes _____ No If "Yes" with what employers? _____	Are you over 18 years of age? Yes _____ No _____ If not, employment is subject to verification of age.

State names of relatives and friends working for us.

REFERENCES

Give the required information of persons, other than relatives and Supervisors already, which have knowledge of your experience and ability.

Name	Address	Telephone Number	Occupation	Years Known