

APPLICATION FOR EMPLOYMENT

Creative Benefits, Inc. is an Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL			
<i>Incomplete information could disqualify you from further consideration. Please complete all fields.</i>			
Name		Date	
Address	City	State	Zip
Home Phone #	Mobile Phone #	E-Mail Address	
Date Available	Position Desired	Salary Desired	
Are you at least 18 years old?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you legally eligible for employment in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION					
High School: Number of years completed (circle one)		1	2	3	4
Diploma: YES <input type="checkbox"/> NO <input type="checkbox"/>		G.E.D. YES <input type="checkbox"/> NO <input type="checkbox"/>			
School(s)		City/State			
College and/or Vocational School: Number of years completed (circle one)		1	2	3	4
School(s)		City/State			
Major		Degrees Earned			
Other Training or Degrees:					
School(s)		City/State			
Course:		Degree or Certificate Earned			
PROFESSIONAL LICENSE OR MEMBERSHIP					
Type of License(s) Held:		License Number	Expiration Date		
Other Professional Membership: _____					
(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)					

EMPLOYMENT	
<i>Start with your current or most recent position, including U.S. Military Service</i>	
May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Employer	Phone #
Address	Supervisor
Dates of Employment From _____ To _____ Month/Year Month/Year	
Describe the Work Performed	
Name of Employer	Phone #
Address	Supervisor
Dates of Employment From _____ To _____ Month/Year Month/Year	
Describe the Work Performed	
Name of Employer	Phone #
Address	Supervisor
Dates of Employment From _____ To _____ Month/Year Month/Year	
Describe the Work Performed	
Name of Employer	Phone #
Address	Supervisor
Dates of Employment From _____ To _____ Month/Year Month/Year	
Describe the Work Performed	

Use an additional sheet of paper if more space is necessary.

REFERENCES	
Professional	Personal
1) Name:	1) Name:
Address:	Address:
Phone No.:	Phone No.:
2) Name:	2) Name:
Address:	Address:
Phone No.:	Phone No.:

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Creative Benefits, Inc. to verify their accuracy and to obtain reference information on my work performance, I hereby release Creative Benefits, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ **Date:** _____