



# APPLICATION FOR EMPLOYMENT

## GENERAL INFORMATION:

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NO.
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ADDRESS	CITY, STATE, ZIP
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TELEPHONE NUMBER	EMAIL ADDRESS
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POSITION APPLIED FOR	CMP LOCATION APPLIED FOR	WAGE DESIRED
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DATE AVAILABLE TO START	ARE YOU WILLING TO BE "ON CALL" FOR OFF HOURS EVENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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## AVAILABILITY:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

## EDUCATION:

INSTITUTION TYPE	YEARS COMPLETE	SPECIALIZATION?
HIGH SCHOOL		
COLLEGE		

## VETERAN INFORMATION:

BRANCH OF SERVICE	
DATE OF ENTRY	
DATE OF DISCHARGE	

## EMPLOYMENT HISTORY:

CURRENT/LAST POSITION TITLE	
COMPANY NAME	
COMPANY ADDRESS	
SUPERVISORS NAME	PHONE NUMBER
DATE STARTED	DATE LEFT

PREVIOUS POSITION TITLE	
COMPANY NAME	
COMPANY ADDRESS	
SUPERVISORS NAME	PHONE NUMBER
DATE STARTED	DATE LEFT

MAY WE CONTACT THEM?  YES  NO

MAY WE CONTACT THEM?  YES  NO

OTHER SKILLS/QUALIFICATIONS
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I certify that all information provided as part of this application is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of information will result in my disqualification from consideration for employment. CMP Tactical may verify the information set forth in this application and obtain additional background information.

CANDIDATE'S NAME (PLEASE PRINT)	
CANDIDATE SIGNATURE	DATE

FEEEL FREE TO ATTACH A RESUME TO THIS APPLICATION FORM