

CSI

CONTRACT SPECIALISTS INT'L, INC.

255 GREAT ARROW AVE. • SUITE 106 • BUFFALO, NY 14207
TEL. (716) 852-3821 FAX (716) 852-0818

NAME: _____ DATE: _____

****PLEASE PRINT AND COMPLETE FORM IN DETAIL TO BE CONSIDERED FOR EMPLOYMENT.
PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL
BE HELD IN STRICT CONFIDENCE.**

CHECK THE FOLLOWING

I. Means of Transportation:

_____ Own Car

_____ Bus

_____ Other (Explain:) _____

II. Days Available to Work:

____ Mon ____ Tue ____ Wed ____ Thu ____ Fri ____ Sat ____ Sun

Able to work on holidays _____ YES/NO

III. Shifts Available to Work:

_____ 1st (7:30AM- 4:00 PM)

_____ 2nd (5PM – 11:30PM)

_____ 3rd (After 11PM)

Interested in: Full time _____ Part time _____

IV. Towns Available to Work:

Northtowns

Tonawanda _____

Amherst _____

North Buffalo _____

Southtowns

Evans/Derby _____

Forestville _____

Hamburg _____

Orchard Park _____

Cheektowaga _____

Downtown _____

APPLICATION FOR EMPLOYMENT

CSI IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLEY ON THE BASIS OF QUALIFICATION AND ABILITY WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.

PERSONAL INFORMATION

NAME:

Last *First* *Middle*

ADDRESS:

YEARS AT THIS
ADDRESS:

Street *Apt.*

PHONE NUMBER (S):
()
()

City *State* *Zip*

PERMANENT ADDRESS (If Different Then Above):

Street *City* *State* *ZIP*

POSITION DESIRED:

SALARY DESIRED:

HAVE YOU BEEN **EMPLOYED** **IF YES, WHEN**
PREVIOUSLY BY CSI? YES NO AND WHERE:

ARE YOU 18 YEARS OLD OR OLDER? YES NO

DO YOU HAVE THE LEGAL RIGHT **IF NO,**
TO WORK IN THE U.S.?
YES NO EXPLAIN:

HAVE YOU EVER BEEN **IF YES,**
CONVICTED OF A CRIME? YES NO EXPLAIN:

Answering YES will not result in automatic rejection

DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

EDUCATION

TYPE OF SCHOOL	NAME AND DATES LOCATION ATTENDED	SUBJECTS STUDIED	YEARS ATTENDED	GRADUATE YES/NO?
HIGH SCHOOL				
COLLEGE				
OTHER				
ADDITIONAL COURSES OR GRADUATE STUDIES:				

WORK EXPERIENCE

DATE OF EMPLOYMENT	NAME, ADDRESS, PHONE NO. OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM	Supervisor: ()			
TO				
FROM	Supervisor: ()			
TO				
ADDITIONAL COMMENTS ABOUT POSITIONS HELD:				
MAY WE CONTACT YOUR PRESENT EMPLOYER?		YES NO	MAY WE CONTACT YOUR PREVIOUS EMPLOYER(S)?	
			YES NO	

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR COMPANY?

U.S. MILITARY RECORD

U.S. MILITARY OR RANK:
 NAVAL SERVICE: DATES OF SERVICE:
 PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES:

DESCRIBE TRAINING YOU HAVE RECEIVED THAT WOULD AID YOU IN THE POSITION YOU ARE APPLYING FOR:

REFERRED BY:

BUSINESS/PERSONAL REFERENCES

NAME	OCCUPATION	ADDRESS	RELATIONSHIP	PHONE #
				()
				()
				()

By signing this application, I certify that: this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, CSI or its agents may request employment information from previous employers and persons or corporations who provide information related to my previous employment and will be released from liability or damage. Also, if required, I agree to undergo a medical examination by a company-designated physician and understand that medical approval must be obtained before employment can begin. I have noted that CSI is an Equal Opportunity Employer and ad applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, National Origin, Disability, or Veteran Status. I realize that if I am hired, CSI reserves the right to terminate my employment whenever the need arises.

SIGNATURE

DATE

