

## **Application For Employment**

Applicant Information							
Full rosses				Date			
Full name:	Look	First	A4.	Date:			
Address	Last	First	M.I.	Dhana			
Address:	Street address		Apt/Unit #	Phone:			
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Email:			
	City	State	Zip Code				
Date Available:	SSN	N:		Desired salary: \$			
Position applied for:							
Are you a citizen of the	United States?	Yes □ No □	l				
If no, are you authorized	d to work in the U.S.?	Yes □ No □					
CIRI Shareholders are strongly encouraged to apply. Are you a CIRI shareholder, descendant or family member?		Yes □ No □					
Have you ever been convicted of a felony?		Yes □ No □	If yes, please explain				
A conviction will not necessarily disqualify you from employment. Upon the finding of a criminal conviction, suitability will be determined based on the nature and frequency of criminal act, time elapsed since conviction, nature of employment, qualifications, and whether the individual has been rehabilitated.							
Are you currently employed?		Yes □ No □					
May we contact your present employer?		Yes □ No □	l				
Do you have a current and valid driver's license?		Yes □ No □					
If yes, what state and license number? Expiration Date:							
Education							
High school:		Address:					
From:	To:	Did you graduate?	Yes □ No □	Diploma:			
College: Address:							
From:	To:	Did you graduate?	Yes □ No □	Degree:			
Other:		Address:					

From:	To:	Did you graduate?	Yes □ No □	Degree:			
				_			
Previous E	mployment						
Employer			Phone:				
Job Title:			Supervisor:				
Reason For Le	eaving:		From:		То:		
Responsibilities:							
May we contact	ct your previous supervisor f	or a reference?	Yes □	No □			
Company:			Phone:				
Job Title			Supervisor:				
Reason For Le	eaving:		From:		То:		
Responsibilitie	es:						
May we contact	ct your previous supervisor f	or a reference?	Yes □	No □			
Company:			Phone:				
Job Title			Supervisor:				
Reason For Le	eaving:		From:		То:		
Responsibilities:							
May we contact	ct your previous supervisor f	or a reference?	Yes □	No □			
Reference							
Please I	ist three professional refere	nces.					
Full name:			Relationship:				
Email			Phone:				
Company:			Years Known	:			
Full name:			Relationship:				
Email:			Phone:				

Company	Years Known:				
Full name:	Relationship:				
Email:	Phone:				
Company:	Years Known:				
Disclaimer and signature					
I understand this position may be required to submit to pre-employment and random drug testing.					
I acknowledge that employment at THE CIRI FOUNDATION is at w terminate the employment relationship at any time, with or withou					
I further acknowledge that an offer of employment will be continged employment, experience, and other questions contained in this apits authorized agents to conduct such an investigation. Inquiries memployer verifications, education verifications, consumer credit resocial security trace reports and other reports. I understand that Trequesting information from various Federal, State, and other age to my driving, credit, criminal or civil cases, and other experiences files of insurance companies. In addition, if I am expected to drived driving record from the appropriate Department of Motor Vehicles	pplication. I voluntarily authorize THE CIRI FOUNDATION and/or may be made about me including but not limited to previous ports, criminal convictions or history, motor vehicle reports, THE CIRI FOUNDATION and/or its authorized agents may be encies that maintain records concerning my past activities relating s, and I authorize disclosure of information involving me in the e, I shall submit a current driver's license along with a copy of my				
I certify the foregoing is true and accurate to the best of my know in this employment application is grounds for rejection or immedia	, ,				
Signature:	Date:				