

# EMPLOYMENT APPLICATION

## COLLINS SURVEYING & MAPPING, INC.

Please print or type all answers completely.

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City County State Zip Code

Phone: Home: \_\_\_\_\_ Other: \_\_\_\_\_  
Area Code Number Area Code Number

Birth Date: \_\_\_\_\_ Are you a United States Citizen? Yes  No

Have you served in the United States Armed Forces? Yes  No  If yes, state Branch of Service: \_\_\_\_\_

Highest Rank: \_\_\_\_\_ Dates Served: From: \_\_\_\_\_ to \_\_\_\_\_

Are you presently a member of the active reserves? Yes  No

Circle Highest Grade Completed: 0-7 8 9 10 11 12				Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Year: _____				
Type of School	School Name, City and State	Type of Diploma or Degree Awarded	Major Field	Grade Average	Dates Attended			
					From		To	
					Month	Year	Month	Year
Last High School Attended:								
Colleges Attended:								
Other: (Military, Trade, Business, Secretarial, etc.)								
Awards: _____								
Foreign Languages Spoken or Read:	Clerical/Machines: Computer: _____ Word Processor: _____ Ten Key: _____ Other: _____ Skills: Typing: _____ wpm Shorthand: _____ wpm Other: _____							

### Employment History

Give your employment history, including part time and summer jobs.

Name of Employer: _____	From: Mo: ____ / Yr: ____ To: Mo: ____ / Yr: _____
Address: _____	Salary: Beginning \$ _____ (per month)
_____	Salary: Present: \$ _____ (per month)
Phone: Area Code/Number: _____	Name and Title of Supervisor: _____
Job Title: _____	_____
Reason(s) for Leaving: _____	_____
_____	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe your duties: _____	_____
_____	_____

Name of Employer: _____	From: Mo: ____ / Yr: ____ To: Mo: ____ / Yr: _____
Address: _____	Salary: Beginning \$ _____ (per month)
_____	Salary: Ending: \$ _____ (per month)
Phone: Area Code/Number: _____	Name and Title of Supervisor: _____
Job Title: _____	_____
Reason(s) for Leaving: _____	_____
_____	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe your duties: _____	_____
_____	_____

Name of Employer: _____	From: Mo: ____ / Yr: ____ To: Mo: ____ / Yr: _____
Address: _____	Salary: Beginning \$ _____ (per month)
_____	Salary: Ending: \$ _____ (per month)
Phone: Area Code/Number: _____	Name and Title of Supervisor: _____
Job Title: _____	_____
Reason(s) for Leaving: _____	_____
_____	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe your duties: _____	_____
_____	_____

Name of Employer: _____	From: Mo: ____ / Yr: ____ To: Mo: ____ / Yr: _____
Address: _____	Salary: Beginning \$ _____ (per month)
_____	Salary: Ending: \$ _____ (per month)
Phone: Area Code/Number: _____	Name and Title of Supervisor: _____
Job Title: _____	_____
Reason(s) for Leaving: _____	_____
_____	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe your duties: _____	_____
_____	_____



## General Information

Each applicant must meet requirements of the position including the successful completion of any drug test, medical examination, confidential investigation or submission of any documents that may be deemed necessary by the Company. By signing this application, I consent to all necessary background checks or tests requested by the Company before hiring and after employment begins including, without limitation, reference checks, pre-employment drug screen, consumer reports and/or investigative consumer reports about me from a consumer reporting agency. I understand that these consumer reports might include, but are not limited to, a search of my criminal background, my prior employment, my educational background, reference checks, driving record checks and verification of my identification and Social Security number.

I understand that the Company may use such consumer reports for employment purposes, including, but not limited to, hiring, promotion, retention, and termination. I also understand that I have rights under the Fair Credit Reporting Act. If the Company, obtains a consumer report about me, and if the Company considers any information in the consumer report when making an employment decision that directly or adversely affects me, I will be provided a copy of the consumer report before the decision is finalized. I may also contact the Federal Trade Commission about my rights under the Fair Credit Reporting Act.

## Certificate of Applicant

*I certify that I have read, personally completed, and fully understand this application form in its entirety and that the information I have given is true and complete to the best of my knowledge. I agree to follow the rules and regulations of the Company. I understand that if I am hired my employment and compensation can be modified or terminated with or without cause and with or without notice, at any time, at either my option or the option of the Company. I understand that no supervisor or representative of the Company has any authority to enter into any contract of employment with me for any specified period of time, or to make any agreement contrary to the foregoing. I understand that should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or discharge from employment with the Company.*

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Signature of Applicant

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Date Signed