



Position Applied for \_\_\_\_\_  
 Department \_\_\_\_\_  
 Date of Application \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

CTX uses *E-Verify* to verify legal work status.

FIRST NAME	M. INIT.	LAST NAME	
STREET ADDRESS		CITY	STATE ZIP
PHONE (HOME)	PHONE (WORK)		E-MAIL

- Are you known to schools / references by another name?  No  Yes Name: \_\_\_\_\_
- Are you able to work?  Full-time  Part-time  Shifts  Temp.  On-Call
- Do you have relative(s) employed by CTX:  No  Yes If yes, Name(s) \_\_\_\_\_  
 (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.) Relationship(s): \_\_\_\_\_
- Have you worked for CTX in the last 7 years?  No  Yes
- Do you have a non-compete, non-solicitation or any other restrictive agreement with any former employer?  No  Yes
- Do you possess a valid driver's license?  No  Yes Driver's License: State \_\_\_\_\_  
 (A valid driver's license is required only where stated on the job announcement.) Number: \_\_\_\_\_
- Have you been convicted of a felony or served time in prison?  No  Yes  
 If yes, explain each conviction on an attached sheet & include: (1) date (2) charge (3) place (4) action taken.  
 (A conviction is not an automatic bar to employment. Each case is considered separately.)
- After reviewing the essential functions from the job announcement, are you able to perform them with or without reasonable accommodation?  No  Yes
- If testing is required, will you need an accommodation for the testing process?  No  Yes

EDUCATION						
Name of High School Attended	City	State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name(s) of Colleges or Universities	Major	Dates Attended		Full Years Completed	Degrees	
		From	To		Title	Dates
List any vocational or on-the-job training you have completed which would be useful in the position you are applying for:						
List any licenses you hold which are necessary or useful in this position. Give kind of license, issuing state and expiration date.						

Please give name, address and telephone number of three **work** references.

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**EMPLOYMENT HISTORY.** List your employment history for the last 10 years. Start with present or most recent job and work back. Include military service, periods of unemployment of a month or more, and appropriate volunteer experience. **Be as complete as possible in outlining the duties of each position. Failure to do so may affect the credit you receive for experience, or your status as an employee, if hired.**

Employed by: (Agency or Firm)			Your Duties
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			Supervisor's Phone Number
Employed From (Mo./Yr.)		To (Mo./Yr.)	Reason For Leaving:
Starting Salary \$	Final \$	Avg. Hrs/Wk.	
May we contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes			

Employed by: (Agency or Firm)			Your Duties
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			Supervisor's Phone Number
Employed From (Mo./Yr.)		To (Mo./Yr.)	Reason For Leaving:
Starting Salary \$	Final \$	Avg. Hrs/Wk.	
May we contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes			

Employed by: (Agency or Firm)			Your Duties
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			Supervisor's Phone Number
Employed From (Mo./Yr.)		To (Mo./Yr.)	Reason For Leaving:
Starting Salary \$	Final \$	Avg. Hrs/Wk.	
May we contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes			

Employed by: (Agency or Firm)			Your Duties
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			Supervisor's Phone Number
Employed From (Mo./Yr.)		To (Mo./Yr.)	Reason For Leaving:
Starting Salary \$	Final \$	Avg. Hrs/Wk.	
May we contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes			

Attach supplemental sheets, if required.

**AUTHORIZATION AND CERTIFICATE**

- I authorize CTX at the time of my application for employment or during the course of employment, to verify information contained in this application as it relates to the position for which I am being considered, or in which I may be employed.
- I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may remove my name from the eligibility list, or if I have been hired, cause my dismissal from CTX. I understand all statements made on this application may be investigated.
- Federal Law requires anyone employed by CTX to present proof of identity and proof of authorization to work in the United States. I understand I must be able to prove this authorization.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of CTX

Date \_\_\_\_\_ Signature: \_\_\_\_\_