

# CIK Enterprises, LLC

## EMPLOYMENT APPLICATION

***Note: This application is valid for 90 days. If you wish to be considered for employment after this 90-day period, a new application must be completed.***

CIK Enterprises, LLC

An Equal Opportunity Employer\*

### PERSONAL INFORMATION

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

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Present  
Address: \_\_\_\_\_  
Street City State Zip

Permanent  
Address: \_\_\_\_\_  
Street City State Zip

Phone No: (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Are you 16 years or older? Yes\_\_\_ No\_\_\_

In order to permit a check of your work and education records, are there any other names that you have previously used? Yes No \_\_\_ If yes, identify names and relevant dates: \_\_\_\_\_

Please list all previous places of residence (if different than current residence) for the past three years (Use a separate sheet if more than three):

1. \_\_\_\_\_ How long? \_\_\_\_\_

2. \_\_\_\_\_ How long? \_\_\_\_\_

3. \_\_\_\_\_ How long? \_\_\_\_\_

### GENERAL EMPLOYMENT QUESTIONS

How did you learn about us? \_\_\_\_\_  
\_\_\_Advertisement \_\_\_Friend \_\_\_Walk-In \_\_\_ Web page  
\_\_\_Employment Agency \_\_\_Relative  
\_\_\_Employee of Company (name: \_\_\_\_\_)  
\_\_\_Other

Position applied for: \_\_\_\_\_ Can Start: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact  
your present employer? \_\_\_\_\_ Previous Employers? \_\_\_\_\_  
If "no," please explain reason: \_\_\_\_\_

Have you ever worked for a Company  
engaged in a business similar to ours? \_\_\_\_\_ If so, name of company: \_\_\_\_\_

Have you signed any non-competition or non-solicitation agreements? Yes No

If you marked yes, you will be asked to provide a copy of such agreement to CIK.

**General Employment Questions Continued . . .**

Have you ever applied to or worked for this company before, as an employee or contractor? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes," please explain, and also note that proof of citizenship or immigration status will be required upon employment

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ If "yes," please explain: \_\_\_\_\_

Can you travel if the job requires it? \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary

Driver's License Number (if driving is an essential function of the job you are seeking) \_\_\_\_\_

Proof of Insurance (name of insurance company and policy number – if driving is an essential function of the job your are seeking) \_\_\_\_\_

If you are under the age of 18 can you furnish a work permit, if required? \_\_\_\_\_

<u>EDUCATION</u>	<u>Name and Location of School</u>	<u>No. of Years Attended</u>	<u>Did You Graduate? When?</u>	<u>Subjects Studied/Degree</u>
High School				
College				
Graduate/ Professional				
Trade, Business or Other				

Subjects of special study or work: \_\_\_\_\_

**MILITARY SERVICE**

Military Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Present Membership in National Guard or Reserves: \_\_\_\_\_

**FORMER EMPLOYERS** Please give an accurate, complete full-time and part-time employment record. Include any job-related military service assignments and volunteer activities. Start with your current employer (or most recent employer if not employed) and account for all periods of unemployment. Use a separate sheet if necessary.

1.	EMPLOYER	DATES		WORK PERFORMED
	ADDRESS/PHONE	FROM	TO	
	POSITION			
	SUPERVISOR	WAGE/SALARY		
	REASON FOR LEAVING	STARTING	FINAL	
	VOLUNTARY OR INVOLUNTARY TERMINATION?			
2.	EMPLOYER	DATES		WORK PERFORMED
	ADDRESS/PHONE	FROM	TO	
	POSITION			
	SUPERVISOR	WAGE/SALARY		
	REASON FOR LEAVING	STARTING	FINAL	
	VOLUNTARY OR INVOLUNTARY TERMINATION?			
3.	EMPLOYER	DATES		WORK PERFORMED
	ADDRESS/PHONE	FROM	TO	
	POSITION			
	SUPERVISOR	WAGE/SALARY		
	REASON FOR LEAVING	STARTING	FINAL	
	VOLUNTARY OR INVOLUNTARY TERMINATION?			
4.	EMPLOYER	DATES		WORK PERFORMED
	ADDRESS/PHONE	FROM	TO	
	POSITION			
	SUPERVISOR	WAGE/SALARY		
	REASON FOR LEAVING	STARTING	FINAL	
	VOLUNTARY OR INVOLUNTARY TERMINATION?			

**QUALIFICATIONS FOR EMPLOYMENT**

Except for vacations and holidays, how many work days were you absent during the past calendar year?  
\_\_ 0-5 days \_\_ 6-10 days \_\_ 11-15 days \_\_ 16-20 days \_\_ 21+ days

Which of your previous jobs did you like best? \_\_\_\_\_

What did you like most about that job? \_\_\_\_\_

We have a policy of assuring that the work environment is free from harassment and discrimination. Have you ever been accused of sexual or other harassment or employment discrimination? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes please explain: \_\_\_\_\_

What do you consider your greatest qualifications? \_\_\_\_\_

Describe any specialized training, apprenticeship, and skills and state where it was received; also describe any job-related extra-curricular activities: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (You may exclude membership that would reveal gender, race, religion, national origin, age, disability or any other protected status): \_\_\_\_\_

**PERSONAL REFERENCES**

(Give the names of three persons not related to you, whom you have known at least one year. Do not include any prior employer.)

	<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Years Acquainted</u>	<u>Area Code/Phone Number</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**OTHER**

In case of  
Emergency Notify: \_\_\_\_\_  
Name Address Phone

**Other Questions Continued . . .**

Have you ever been convicted of any crime in any state? Note: You should include any arrest that led to service in a diversion, community service, or similar program even though no conviction is recorded on your record. A prior conviction does not constitute an automatic bar to employment – the type of conviction and when it occurred will be considered.

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If hired, would you be able to perform all functions and all necessary job assignments of the particular job for which you are applying? Yes\_\_\_ No\_\_\_ If "No," please explain:\_\_\_\_\_

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**CERTIFICATION**

I hereby authorize the release of any employment data relevant to my employment with CIK Enterprises, LLC (Company) for the purpose of an employment investigation. I authorize a thorough investigation of my past employment, activities, and background and agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. This investigation may also include a determination regarding whether I have a criminal record.

I agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment or continued employment and understand that refusal to promptly submit and cooperate with such testing prior to or during the course of my employment will result in disqualification from consideration for employment or, if hired, termination.

I fully understand that if employed, any misrepresentation or omission on this Application, my resume, or any other Company record will result in dismissal, regardless of the date of discovery. I acknowledge that employment is also subject to a satisfactory review of my references.

Neither this Application nor any statement made to me during the hiring process or thereafter shall be considered a contract of employment of any kind. Where such a contract is intended, I understand that it will be separately entered into and signed by the President of the Company. Absent such a contract, I understand that, if hired, my employment will be terminable-at-will, with or without cause or notice, that I am not being employed for any specified or definite period of time, and that this application is not and is not intended to be a contract, offer, statement or confirmation of or for continued employment. I understand that any employee handbook or manual does not represent an employment contract if I am hired. The Company may alter, modify, amend, or terminate any of its policies and benefits, both as to active and retired employees.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**DO NOT WRITE BELOW THIS LINE**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Hire: Yes \_\_\_\_\_ No \_\_\_\_\_ Position: \_\_\_\_\_

Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Date Reporting to Work: \_\_\_\_\_

Approved: \_\_\_\_\_