



Application for Employment

Carpe Diem Management, Inc. (CDMGT) is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political beliefs or disability. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data

First Name _____ Middle _____ Last _____

Street Address _____ City _____ State _____ ZIP _____

Daytime phone number at which you may be contacted () _____

Social Security Number _____ - _____ - _____ Are you 18 years of age or older? _____

Have you ever been convicted of a crime? _____ If you answered yes, please explain: _____

How were you referred to CDMGT?

Position Preferences

For what position are you applying? _____

Desired Salary _____ per (circle choice) Hour - Week - Year

Desired Schedule: (circle choice) Full Time - Part Time - # of hours per week _____

Could you work overtime if necessary? _____

What date could you start work? _____

Could you travel if required by this position? _____

Employment History

List your current or most recent employment first. Include work related internships, military and volunteer work.

Employer:	City:	State:	Phone:
Date of Employment: / / - / /	Position Held:		
Supervisor:	Salary: \$	per (circle one)	Hour Week Year
May we contact for references?			

Employer:	City:	State:	Phone:
Date of Employment: / / - / /	Position Held:		
Supervisor:	Salary: \$	per (circle one)	Hour Week Year
May we contact for references?			

Employer:	City:	State:	Phone:
Date of Employment: / / - / /	Position Held:		
Supervisor:	Salary: \$	per (circle one)	Hour Week Year
May we contact for references?			

Education

High School:	City:	State:
Graduated: Yes / No	If no, # of years attended:	

College:	City:	State:
Graduated: Yes / No	Major:	If no, # of years attended:

Professional References

Please do not put relatives down as professional references. References should be people you have worked with in previous positions.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Release and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience long with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from CDMGT and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Initials _____

All hiring and employment at CDMGT is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by CDMGT has no specific term and may be terminated by the employee or CDMGT with or without notice. I acknowledge that CDMGT has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with CDMGT, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to CDMGT, I agree to release and hold harmless CDMGT from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with CDMGT may be terminated.

Applicant's Signature _____ **Date** _____ - _____ - _____