



**EMPLOYMENT APPLICATION**

**Equal Employment Opportunity Statement:**

Employment decisions will be based on the principles of equal opportunity. All personal selections (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

**Fire Retardant Coveralls & Basic Plus Training & TWIC Card  
REQUIRED WITH SUBMISSION OF EMPLOYMENT APPLICATION**

<b>APPLICANT INFORMATION</b>					
Last Name:		First:		MI:	Date:
Street Address:				Apartment/Unit #:	
City:		State:		ZIP:	
Phone:		E-mail Address:			
Date Available:		Social Security No.:			
Driver's License No.:		State Issued:		Desired Salary:	
Position Applied for:					
Are you legally permitted to work in the United States?		Yes	No	If no, are you authorized to work in the U.S.?	
		Yes	No	If so, when?	
Have you ever worked for this company?		Yes	No	If yes, explain.	
Have you ever been convicted of a felony?		Yes	No		
Do you have a driver's license?		Yes	No		
Are you 18 years of age or older?		Yes	No		
List other names used (If any):					

How did you learn about CIMA Services Management, Inc.  Employee Referral: \_\_\_\_\_  Other-Specify: \_\_\_\_\_

<b>EDUCATION</b>		
Select Highest Grade Completed:	High School:	College:
Last school attended: (NAME)	(CITY/STATE)	
Diploma Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>CERTIFICATES AND TRAINING</b>				
Basic Plus <input type="checkbox"/>	40 HR Hazwoper <input type="checkbox"/>	CPR Training <input type="checkbox"/>	TWIC Card <input type="checkbox"/>	Other (PLEASE LIST) <input type="checkbox"/>

REFERENCES	
Please list three professional references.	
1 . Full Name	Relationship
Company	Phone
Address	
2 . Full Name	Relationship
Company	Phone
Address	
3 . Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain.	

**DISCLAIMER AND SIGNATURE**

**APPLICANT'S STATEMENT**

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application process may be used to refusal to hire or discharge from CIMA Services Management, Inc. If I become employed by CIMA Services Management, Inc. I agree to follow all rules and regulations of CIMA Services Management, Inc. as they develop and change.

I allow CIMA Services Management, Inc. to conduct investigations on me, my background and my performance, and I am aware that such investigations will become a part of my employment record. With this, I authorize the company to speak with my acquaintances, personal and professionals, to gather information about me.

I authorize all former employers and references to provide any information about me to CIMA Services Management, Inc. and release them of liabilities and damages of all kinds for providing this information. I authorize CIMA Services Management, Inc. to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the company for education verification purposes.

I release CIMA Services Management, Inc. from liability for collecting information about me and using it to make employment decisions.

If I become employed by CIMA Services Management, Inc. I understand that the employment relationship will be "at will" and the "at will" status, may not change at any time unless specifically approved, in writing, by CIMA Services Management, Inc.

I agree that if I become indebted to CIMA Services Management, Inc. I will be responsible for repaying the total owed upon termination from CIMA Services Management, Inc. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Signature of Applicant

Date

--	--

Please save the completed application  
and send it via email to  
**[sdiggins@cimaserviceslp.com](mailto:sdiggins@cimaserviceslp.com)**