

Application Date _____

First and Last Name		Position applying for	
Home address		Date available for work	Are you available to work 8am – 5pm CST Monday – Friday? Yes <input type="checkbox"/> No <input type="checkbox"/> Temporary <input type="checkbox"/>
City	State	Zip	Are there specific times you are not available for work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, identify unavailable times:
Phone – Home	Phone - Mobile		
All positions are remote, that is work from home the majority of the time. When onsite client visits and employee training are needed, do you have a reliable method of transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
In order to permit a check of your work and education records, should we be made aware of any change in name or assumed name that you previously used? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, identify name(s) and relevant dates.	

WORK EXPERIENCE

List your previous experience (beginning with your most recent position).

1. Employer	
Address (Street, City, State & Zip)	Phone
Starting Job Title	Last Job Title
Date Employed From (Mo./Yr.)	Date Employed To (Mo./Yr.)
Immediate Supervisor	Reason for Leaving Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>
Duties	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. Employer	
Address (Street, City, State & Zip)	Phone
Starting Job Title	Last Job Title
Dates Employed From (Mo./Yr.)	Date Employed To (Mo./Yr.)
Immediate Supervisor	Reason for Leaving Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>
Duties	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. Employer	
Address (Street, City, State & Zip)	Phone
Starting Job Title	Last Job Title
Dates Employed From (Mo./Yr.)	Date Employed To (Mo./Yr.)
Immediate Supervisor	Reason for Leaving Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>
Duties	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

4. Employer	
Address (Street, City, State & Zip)	Phone
Starting Job Title	Last Job Title
Dates Employed From (Mo./Yr.)	Date Employed To (Mo./Yr.)
Immediate Supervisor	Reason for Leaving Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>
Duties	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

REFERENCES

Name	Relationship	Phone Number	Email Address and Mailing Address

EDUCATION AND TRAINING

	Name, City, and State	Number of Years Completed	Graduated?	Major or Course Type
High School				
College				
Additional Education or Training				

AUTHORIZATION TO WORK

Are you authorized to work in the United States for the company? Yes No

Do you now or will you in the future require sponsorship for employment visa status (e.g., H-1B) to legally work for the company in the United States? Yes No

PERFORMANCE OF ESSENTIAL FUNCTIONS

Have you been given a position description or had the essential functions of the position explained to you? Yes No

Do you understand what the essential functions of the position are? Yes No

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes No

REFERRAL SOURCE

Employee Referral..... LinkedIn.....

CTS Website..... Facebook.....

Indeed..... Other _____

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize and understand that CTS may contact my former employers and/or references as described in this application for the purpose of verifying my employment history and discussing this application for employment.

I understand that I must submit an application for every position I am seeking with CTS. **I also understand that employment with CTS is terminable-at-will, and that nothing in this application is intended to be or should be construed as a contract for or promise of employment.**

Signature _____ Date _____

Please send completed employment applications to hgehrke@onlineCTS.com.