



Custom Products Corp.
Employment Application
 1120 Flowood Dr
 Jackson, Ms 39288
An Equal Opportunity Employer

Voice
1-601-932-5854
Fax
1-601-932-7178
www.cpcsigns.com

Instructions: Complete both sides of this form only. Do not fill out any other attached forms until instructed. Print clearly: Incomplete or illegible applications will not be processed. Please review your application to make sure it has been signed, that all items have been completed, and that any required documents are attached.

POSITION APPLIED FOR: _____ Today's Date _____

Date Available for Work _____ Will You Travel if Required? Yes No

Full Time Part Time Temp Seasonal

Referral Source (Circle One): Employee Government Employment Ser. Pvt. Employment Ser. School Other

Social Security Number _____ - _____ - _____ Home Phone _____ Alt. Phone _____

Drivers License Number _____ Type _____ State _____

APPLICANT:

Last Name	First Name	Middle Name	Maiden Name

Current Address

Street	City	State	Zip Code	Dates

Previous Address

Street	City	State	Zip Code	Dates

EDUCATION: Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

School Name	City	State	Graduate?	Degree	GPA	Major

SECURITY: HAVE YOU EVER BEEN CONVICTED OF A CRIME AND/OR SERVED TIME IN THE PAST SEVEN YEARS? Yes No
 (NOTE: ALL INFORMATION WILL BE REVIEWED FOR JOB RELATEDNESS. NOT AN AUTOMATIC BAR TO EMPLOYMENT.)

Date	Charge	Sentence	City	County	State

Note: If you answer yes to the following please explain and provide dates in the comment section on the back.

Have you used any names or social security number other than above?

Have you ever been discharged (Fired) From a Job?

Have you ever been denied a motor vehicle license or had it suspended or revoked?

List states and counties of residence for the past seven years

QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

EMPLOYMENT HISTORY

You May May Not Contact my previous employers.

List your last three (3) Employers including military experience, beginning with the most recent. To be considered for employment, all items in this section must be completed. Correct telephone numbers of previous employers are beneficial to your evaluation. Explain any gaps in employment in the comments section below.

Company		City		State	Phone Number
Employed From	Till	Pay Rate Per Hour/Week/Month	Position Held		
		per			
Supervisor Name		Supervisor Title		Reason For Leaving	
Describe your Job					

Company		City		State	Phone Number
Employed From	Till	Pay Rate Per Hour/Week/Month	Position Held		
		per			
Supervisor Name		Supervisor Title		Reason For Leaving	
Describe your Job					

Company		City		State	Phone Number
Employed From	Till	Pay Rate Per Hour/Week/Month	Position Held		
		per			
Supervisor Name		Supervisor Title		Reason For Leaving	
Describe your Job					

REFERENCES

Include People familiar with your work who are not related to you and are not previous supervisors.

Name	Telephone	Years Known	Relationship
	()		
	()		
	()		

COMMENTS

CERTIFICATION AND RELEASE

PLEASE READ CAREFULLY

I certify the answers given by me to the foregoing questions and the statements are true and complete to the best of my knowledge. I understand that any false or misleading information in the employment interview, this application or other required documents may result in rejection of my application or discharge whenever discovered. I hereby give the company and/or its agents the right to thoroughly investigate my background including, but not limited to my driving record, criminal record, education and previous employment. I authorize all persons, schools, companies, information service bureaus, governmental agencies and law enforcement authorities to release any information concerning my background and hereby release all said person, schools, companies, information service bureaus, governmental agencies and law enforcement authorities from liability for any damage whatsoever for issuing this information. I authorize the company to release to other employers, information service bureaus and governmental authorities any information regarding me and/or my employment. If required, I agree to complete a medical history form and submit myself with and to abide by all rules, regulations and policies established or amended by the company. I understand that if employed, my employment and compensation are for an indefinite period of time and can be terminated with or without cause and without prior notice by the company or me. I further acknowledge that a telephone facsimile (fax) or photographic copy shall be as valid as the original.

Signature of Applicant: _____

Date: _____