

CDC RESOURCES, INC.

COMPLETION OF THIS FORM IS VOLUNTARY

The information you provide is requested as a means of maintaining accurate records for compliance with the company's Affirmative Action Program. This information is kept completely confidential and is detached and maintained separately from the application.

Position applied for _____

Male Female

RACE

<input type="checkbox"/> Caucasian	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black	

HOW DID YOU HEAR ABOUT CDC RESOURCES?

Newspaper-name: _____

School-name: _____

Employment agency-name: _____

Walk in

State Employment Office

CDC Resources Sign

Other-Specify: _____

**CDC RESOURCES, INC.
APPLICATION FOR EMPLOYMENT**

PLEASE NOTE: Application may not be processed unless all areas are completed.

P E R S O N A L	Last name			First	Middle	Date	
	Street Address					Home Telephone	
	City, State, Zip					Business Telephone	
	Position(s) Desired				Years Experience		Social Security #
	Hours Desired:		Full Time	Part Time	If full time hours are not available, would you be interested in part time? Yes No		
	Shift(s) desired:		1 st	2 nd	If desired shift(s) are not available, would you be interested in another shift? Yes No		
			3 rd	weekends			
Does any family member currently work for CDC Resources, Inc?						Yes	No
If yes: Name of Family Member _____				Department Employed _____			
Did a current CDC Resources Employee refer you?							
If so, Please list their name here _____							
<i>PLEASE NOTE: The employee may be eligible for a referral bonus if you list them.</i>							
Have you ever been convicted of a misdemeanor or felony: Yes No							
A "yes" answer will not necessarily disqualify you for consideration of employment.							
If yes:							
Date: _____		Offense _____		Place _____		Disposition _____	
E D U C A T I O N	School	Name and Location of School			Course of Study	# Years Completed	Degree or Diploma
	High School						
	Business/Trade/Technical						
	College						
	Graduate						
	Other						
OTHER EXPERIENCE OR SKILLS							
(Organizations, awards, volunteer work, etc. Please include any job-related skills or experience gained from military service.)							

EMPLOYMENT

Please give an accurate and complete full-time and part-time employment record. Start with your present or most recent employer. Use separate sheet of paper if needed.

You may contact the employers listed below unless I indicate those I do not want you to contact.

DO NOT CONTACT:

Employer: _____

Employer: _____

Reason: _____

Applicant Signature _____

Date _____

1	Company Name	Telephone	Name of Supervisor
	Address (City, State, Zip Code)		Employed (State month and year) From _____ To _____
	State Job Title and Responsibilities		Hourly pay Start _____ Last _____
2	Company Name	Telephone	Name of Supervisor
	Address (City, State, Zip Code)		Employed (State month and year) From _____ To _____
	State Job Title and Responsibilities		Hourly pay Start _____ Last _____
3	Company Name	Telephone	Name of Supervisor
	Address (City, State, Zip Code)		Employed (State month and year) From _____ To _____
	State Job Title and Responsibilities		Hourly pay Start _____ Last _____
4	Company Name	Telephone	Name of Supervisor
	Address (City, State, Zip Code)		Employed (State month and year) From _____ To _____
	State Job Title and Responsibilities		Hourly pay Start _____ Last _____

Have you ever been discharged or asked to resign from any prior employment? Yes No

If so, state the employer and reason for discharge or resignation. _____

Are you 21 years of age or older? Yes No

Have you ever worked under a different name? Yes No

If yes, what was the name? _____ Where were you employed? _____

Have you been employed by CDC Resources in the past? Yes No

If yes, dates of employment from _____ to _____

CHARACTER AND EMPLOYMENT REFERENCE REQUEST

I, _____ the applicant, do hereby authorize the release of information requested from the character references and employment references listed, unless otherwise instructed to not contact, to CDC Resources, Inc. and relieve any individual and/or company of all legal responsibilities.

Applicant Signature

Date

Print Applicant Name

GIVE BELOW THE NAMES OF THREE PERSONS AS CHARACTER REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR AND ARE NOT PAST EMPLOYERS.

NAME

PHONE NUMBER

ADDRESS (City, State, Zip Code)

.....

NAME

PHONE NUMBER

ADDRESS (City, State, Zip Code)

.....

NAME

PHONE NUMBER

ADDRESS (City, State, Zip Code)

CURRENT/PREVIOUS COUNTIES OF RESIDENCE

In order for your application to be considered complete, list all counties and states where you have lived in the past 3 years.

County _____ State _____

County _____ State _____

County _____ State _____

County _____ State _____

County _____ State _____

CDC RESOURCES, INC

5053 Norway Road
Monticello, IN 47960

1320 E. Angelica Street
Rensselaer, IN 47978

I, _____ authorize CDC Resources, Inc. to obtain the following Consumer Reports
(Print Applicant Name)
about me; Criminal History Report and Motor Vehicle Report, which will be checked and verified by Law Enforcement officials.

Applicant Signature

Date

SSN: _____

EMPLOYMENT STATEMENT

A

I declare that I have never committed an act of abuse or fraud in relationship to a dependent person. I declare that I have never knowingly violated applicable rules or laws in any previous employment in residential, health care, or related employment. I declare that I have not been convicted of a crime against a dependent person or any violent crime within the past ten years. I understand that furnishing incorrect or misleading information will be grounds for immediate termination.

Applicant Signature

Date

B

YOUR APPLICATION FOR EMPLOYMENT AT CDC RESOURCES, INC. WILL NOT BE CONSIDERED UNLESS YOU HAVE SIGNED OFF ON THE FOLLOWING PRE-EMPLOYMENT CONDITIONS. PLEASE READ CAREFULLY BEFORE SIGNING.

1. I understand this application is not, and is not intended to be, a contract of employment.
2. I understand the furnishing of any misleading, incorrect and/or incomplete information will render this application void and will be just cause for termination in the event of my employment.
3. I certify that I have not furnished nor promised any remuneration or special considerations, independent of services to be performed as an employee, in return for employment.
4. If employed, I agree that my employment may be terminated, at will, with or without notice or cause by CDC Resources, Inc. or me. I understand this condition of employment can only be altered if set out in writing and dated and signed by the CEO of CDC Resources, Inc. and me.
5. I understand that if I am offered a job as a condition of beginning my employment I may be required to undergo a physical examination, drug test, and a TB test. I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.
6. I understand that, as a condition of beginning my employment, I must authorize CDC Resources, Inc. to obtain the following consumer reports about me: Criminal History Report and a Motor Vehicle Report, which will be checked and verified by law enforcement officials.
7. I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment by CDC Resources, Inc. is contingent upon my ability to produce the required documentation within the time period required by law.
8. I understand that CDC Resources, Inc. reserves the privilege of contacting past employers regarding references.

Applicant Signature

Date