



Application for Employment

We are an EQUAL OPPORTUNITY EMPLOYER, and we do not and will not discriminate on the basis of race, religion, national origin, citizenship status, ancestry, sex, sexual orientation, age, handicap, marital status, physical or mental disability, military status, disabled veteran or any other protected class. Information provided on this application will not be used for any discriminatory purpose.

Last Name	First Name	Date:
Street Address		Email Address
City	State Zip	Home Phone
Are you at least 18 years old? ____ Yes ____ No Are you eligible for employment in the United States? ____ Yes ____ No (If offered employment, you will be required to provide documentation)		Cell Phone

Position applying for	Please write the times you are usually available for each day							
How did you hear about us? Be specific.	SUN	MON	TUE	WED	THU	FRI	SAT	

Emergency Contact Name/Relationship	Phone	Address
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Employment History For the last 4 years

Starting with your present or most recent, please list your previous employers, including self-employment.

Company Name	Type of Business	City and State
Your Position	Dates of Employment	End dates
Supervisor	Phone	Reason for Leaving
Brief Description of Job Duties		

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Educational History

School Name	City/State	Dates Attended	Graduated	Degree/Major
College/University				
Technical/Vocational				
High School				

Have you ever been employed by The Cambridge Corporation before? ___Y___N	If so, provide the date and what location	Do you have reliable transportation to and from job sites? ___YES ___ NO
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Additional information; such as other specialized training: _____

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Company to hire me. If I am hired, I understand that either The Company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The Company has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The Company true and complete information on this application. No requested information has been concealed. Completion of this application in no way guarantees an offer of employment. I further understand that my employment is contingent upon verification of the legal right to work in the United States, and the successful completion of all screening methods utilized by The Company. I authorize The Company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal if hired.

Signature

Date



EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

NAME: _____

JOB TITLE: _____

GENDER: (Please check one of the options below)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Date completed: _____

Please return form to the HR department. Thank you for your participation.

Please provide us with a current or previous employer name. If you do not have a current or previous employer we can call, provide us with a personal reference.



EMPLOYMENT VERIFICATION/ PERSONAL REFERENCE

**5100 North Federal Hwy
FT. Lauderdale FL 33308
TEL: 954-320-4407 FAX: 954-320-4411**

Applicant Name: _____ Soc. Sec #: xxx-xx-____

Current or Previous Employer: _____

Or

Personal Reference Name: _____

City and State: _____ Telephone#: _____ Fax: _____

The undersigned has applied for employment with our company and authorizes you to provide information concerning past performance under the provisions of the Privacy Act 1974. All information is kept confidential. Thank you for your cooperation.

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize you to issue any information you may have regarding my services and character and do hereby unconditionally release your organization from all liability for any damage whatsoever which might result from furnishing same.

Applicant's Signature: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY PREVIOUS/CURRENT EMPLOYER OR PERSONAL REFERENCE

Employment Dates: From: _____ to _____ Position: _____

Reason for Leaving: _____

Would you rehire? _____ YES _____ NO

Comments: _____

Verification obtained by Fax Mail Phone

Verification obtained from _____ Title: _____

Signature: _____ Title _____ Date: _____

Please provide us with a current or previous employer name. If you do not have a current or previous employer we can call, provide us with a personal reference.



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Comments: _____

Verification obtained by Fax Mail Phone

Verification obtained from _____ Title: _____

Signature: _____ Title _____ Date: _____