

# CMWorks, Inc.

a poggemeyer company

## APPLICATION FOR EMPLOYMENT

Applicant's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

### **EQUAL OPPORTUNITY EMPLOYER**

Poggemeyer Design Group, Inc. does not discriminate in its hiring practices with regard to Race, Religion, Color, National Origin, Sex, Age, being a Veteran or a Disabled Veteran.

If you need additional space for answers, please attach a separate sheet. Feel free to add any additional information which will help in placing you where you are best qualified.

**PERSONAL INFORMATION**

Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

Present Address:

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Home Phone: \_\_\_\_\_

No. Years Lived at Present Address: \_\_\_\_\_

Driver's License No./State: \_\_\_\_\_

**JOB INTEREST**

Classification of Work Desired:

Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Rate of Pay Desired: \_\_\_\_\_/Hr.

What is your ultimate career goal?

**EDUCATIONAL BACKGROUND**

Name/Location

From/To

Degree

High School:

College(s):

Graduate School:

Technical/Business  
School:

Other:

Now Attending: Undergraduate School: \_\_\_\_\_ Graduate School: \_\_\_\_\_ % Complete: \_\_\_\_\_

Scholastic Honors, Scholarships, Assistantships, etc.:

**UNITED STATES ARMED FORCES**

Branch of U.S. Services: \_\_\_\_\_

Active Duty: \_\_\_\_\_ To: \_\_\_\_\_

Disabled Veteran: \_\_\_\_\_ YES \_\_\_\_\_ NO

Vietnam Era Veteran: \_\_\_\_\_ YES \_\_\_\_\_ NO

Major Duties:

Service Schools Attended:

## EMPLOYMENT HISTORY

Please list in order beginning with LAST employer.

From:	To:	Job Title:	
Supervisor's Name:	Telephone Number:	Salary:	
Company:			
Address:			
Reason for Leaving:			
Description of Duties (Indicate significant responsibilities, accomplishments and contributions):			
From:	To:	Job Title:	
Supervisor's Name:	Telephone Number:	Salary:	
Company:			
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Company:

Address:

Reason for Leaving:

Description of Duties (Indicate significant responsibilities, accomplishments and contributions):

## PROFESSIONAL ACTIVITY

List professional registrations by state and number

Engineering:

Architecture:

Surveying:

Other Certifications:

Publications:

Professional Society Memberships:

## REFERENCES

List three (3) professional references who are not relatives

Name	Address	Telephone Number	Occupation	Years Known
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Additional Information:

Are you under any obligation to a previous employer through a covenant not to compete or otherwise restricted in your acceptance of employment with a competitive firm?      YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?      YES \_\_\_\_\_ NO \_\_\_\_\_

I certify that the answer given by me to all of the questions on this application are, to the best of my knowledge and belief, true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would materially affect this application. I authorize this company to verify any and all information contained in this application from former employers and others, and I release all concerned from any liability in connection with any information they give.

**I understand that any misrepresentation of any of the material facts contained in this application will result in my not being hired; or, if discovered after employment, will result in immediate discharge.**

**I further understand that this company may engage an investigative consumer reporting agency to report on my credit and criminal history, and I authorize them to do so, and understand that rejection of my application for employment will be based in whole, or in part on the information contained in my Consumer Report, together with other pertinent qualifying factors.**

Applicant's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_