



An Equal Opportunity Employer

Employment Application

PERSONAL INFORMATION (CONTINUED)

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed:

(NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No
 (Convictions for marijuana-related offenses that are more than two years old need not be listed).

If yes, state nature of the crime(s), when and where convicted, and disposition of the case:

(NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position[s] applied for may, however, be considered.)

EDUCATION AND TRAINING

School Name and Address	No. of Years Completed	Graduate? Yes / No	Courses / Major	Degree(s)

Other special training, skills, experience, qualifications, or certificates related to the position applied for:



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EDUCATION AND TRAINING (CONTINUED)

Answer the following questions if you are applying for a professional position:

Are you licensed / certified for the job applied for? Yes No

Name of License / Certification _____

Issuing State _____ License / Certification Number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspense, and date of reinstatement:

EMPLOYMENT HISTORY

List in order with the last (most recent) employer first. Please account for the past seven (7) years, or all years worked if less than seven (7) years. Please complete all questions in this section. Do not use "refer to resume." Resume may be attached as backup.

Employer	_____	Dates Employed	_____
Job Title / Position	_____		
Salary	Starting	\$ _____	Ending \$ _____
Duties	_____ _____ _____		
Reason for Leaving	_____ _____ _____		
Person we may contact regarding your performance:	_____		
Name	_____	Phone Number	_____



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EMPLOYMENT HISTORY (CONTINUED)

Employer	_____		Dates Employed	_____
Job Title / Position	_____			
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Duties	_____ _____ _____			
Reason for Leaving	_____ _____ _____			
Person we may contact regarding your performance:				
Name	_____		Phone Number	_____

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PERSONAL REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Address	Occupation	Phone No.	Years Known

Are you under any obligations to a previous employer that may restrict your acceptance of employment with Cavignac & Associates? Yes No

CERTIFICATIONS

Please read carefully, initial each paragraph, and sign below:

_____ I acknowledge that if I am employed by Cavignac & Associates (“the Company”) both the Company and I will have the right to terminate my employment at any time, with or without cause or advance notice. This at-will employment relationship shall remain in effect throughout my employment by the Company, and may not be modified by any oral or implied agreement. Furthermore, the at-will nature of my employment may not be modified or abrogated by any evaluations, the granting of salary increases, bonuses, or promotions, or by the length of my employment. I understand that only a written contract signed by the Company’s President can alter this at-will employment relationship.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.



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CERTIFICATIONS (CONTINUED)

Please read carefully, initial each paragraph, and sign below:

I hereby authorize Cavignac & Associates to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of any public record described in the paragraph above.

I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

By signing this application, I further certify that I have read and understand everything contained in this application, including the at-will employment provision set forth above.

Date _____ By _____
PRINT Name of Applicant

Applicant's Signature