



Application for Employment
CWP Technologies/A Scott Fetzer Company
 An Equal Opportunity Employer

We appreciate your interest in CWP Technologies. CWP Technologies is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age, disability, or any other basis protected by applicable federal, state, or local laws. CWP Technologies also prohibits harassment of applicants or employees based on any of these protected categories. It is also CWP Technologies' policy to comply with all applicable state and federal laws respecting consideration of unemployment status in making hiring decisions.

Note to Applicants: Smoking is prohibited in all indoor areas of CWP Technologies unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

GENERAL INFORMATION

Please complete all requested information. Use ink and print.

Location Cleveland Today's Date	Position Applying For	
Name (Last) (First) (Middle)	Minimum Salary Desired	Date Available for Work
Street Address	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City State Zip	Telephone (Home)	Telephone (Work)
	() -	() -
Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work overtime as needed?	
If yes, please provide the other name(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, are you available weekdays? weekends?	
Have you previously worked for or applied for a position with CWP Technologies, in any of our locations either as an employee or through an employment agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any relatives now employed at [Company name]?	
If yes, please explain when and, if employed, in what capacity:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, state name(s) and where they are located.	

PERMISSION TO WORK

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? Yes No

REFERRAL INFORMATION

How did you learn about [Company name]?

Employment Agency (state name): _____ School (state name): _____

Reputation of Firm _____ Newspaper ad (name of paper): _____

Referral (state name): _____ Other: _____

WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
1	Name, Title, and Phone Number of Supervisor	Monthly Wages Start Last
	Job Title, and Work Responsibilities	Reason for Leaving:

2	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start Last
	Job Title, and Work Responsibilities	Reason for Leaving:

3	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start Last
	Job Title, and Work Responsibilities	Reason for Leaving:

(Employment record continued on next page.)

WORK EXPERIENCE (CONTINUED)

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

4	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start Last
	Job Title and Work Responsibilities	Reason for Leaving:

Please explain any gaps in your employment _____

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.

Name	Occupation	Phone	Address	Years Known and Capacity

EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/ Technical				

SKILLS

General Office Skills

- Typing (_____ wpm)
- Shorthand (_____ wpm)
- Telephone Console
- Data Entry
- Fax Machines
- Mail Equipment
- Dictation Transcription
- Filing Systems
- 10-Key Calculator

List any other office/business skills you possess which are relevant to the position you seek:

Software and Technology

Check only those with which you are proficient. For those marked with an (*), provide information as to the specific version, release, or model.

- MS Word™*
- WordPerfect™*
- PowerPoint™
- LOTUS 1-2-3™
- Excel™*
- Paradox™/Access™*
- Windows™*
- Electronic Mail Programs*
- Netware*
- Programming/Database Applications*
- Litigation Support Programs*
- Document Management Programs*
- Telecommunications*
- Legal Solutions™/Proforma™
- Computer Hardware

List any other software programs with which you are proficient, and any other technical skills you possess:

Do you have any other experience, skills, or qualifications which you feel would benefit [Company name]? If so, please explain:

ADDITIONAL EMPLOYMENT INQUIRIES

If applying for a position that will include driving:

Driver's License Information: State: _____ Number: _____ Expiration Date: _____

Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying):

If hired, you may be required to provide proof of insurance coverage.

Emergency Contact Person

Name: _____ Phone Number: _____

CRIMINAL HISTORY INFORMATION

Ohio Applicants: Do not report any arrest or conviction for a minor misdemeanor drug violation as defined under Ohio Rev. Code 2925.11.

Please note that you do NOT have to identify a record of any adult or juvenile arrest, detention or conviction that has been sealed, expunged, annulled, erased, pardoned or statutorily eradicated, set aside or otherwise dismissed by court order.

Please note that answering "Yes" to this question will not automatically bar you from employment. Only those crimes which are substantially related to the position you are seeking will be considered.

Have you ever been convicted of a crime?

Yes No

If you answered "Yes," please provide the following additional information:

Nature of offense: _____

Misdemeanor Felony

Year of conviction: _____

County: _____ State: _____

Please inform us if you are applying in the State of Ohio however currently reside in another State.

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: _____ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, **I will be an at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the General Manager of CWP Technologies, and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the General Manager, any such agreements must be in writing and signed by the General Manager and by me or my authorized representative.

Initial: _____ I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by CWP Technologies.

Initial: _____ I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.

Initial: _____ I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.

Initial: _____ I hereby authorize the Company to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.

Initial: _____ I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: _____ I agree to undergo a pre-employment physical examination consistent with federal and state law.

Initial: _____ I agree to submit to legally permissible drug testing upon an offer of employment from [Company Name] and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result.

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

APPLICANT'S SIGNATURE

DATE

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.