

Employment Application

Personal Information - Please Print (please enter Full Legal Name)

Date	Last Name	First Name	Middle
Address			
Number & Street	City	State Zip	
Cell Phone	Home Phone		

Employment History

List all present and past employment starting with your most recent employer (last seven years is sufficient). Account for all periods of unemployment. You may attach a detailed resume in lieu of completing this section.

			()		
Name of Employer			Telephone No.		
Address			City	State	Zip
Dates of Employment: From	m	То			
Your Position and Duties					_
Reason for Leaving					_
May we contact this employe	r for verification	on of employment?	?		🗌 Yes 🔲 No
			()		
Name of Employer			Telephone No.		
Address			City	State	Zip
Dates of Employment: From	m	То			
Your Position and Duties					_
Reason for Leaving					_
If necessary, may we contact	this employe	r for verification of	employment?		🗌 Yes 🔲 No
Chiptor			• Phone: (310) 35 snevada.com • crnv@		

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Name of Emp	oloyer	() Telephone No.		
Address Dates of En	nployment: ///////	City	State Zip	
Your Position	and Duties			
Reason for L	•	fomploumont?		
II necessary	r, may we contact this employer for verification of	remployment?	Yes L No	
Name of Emp	oloyer	() Telephone No.		
Address Dates of En	nployment: ////////	City	State Zip	
Your Position	and Duties			
Reason for L If necessary	eaving /, may we contact this employer for verification o	f employment?	Yes 🗌 No	
either with (Note: We co	le to perform the essential functions of the job or without reasonable accommodations? mply with the ADA and consider reasonable accommoda using a medical examination, and skill and agility tests.)		Yes No ary for eligible employees to perform essential functions. Hire	may be
	n, Training and Experience	Year Graduated/	Did you Type of Degree	
School	Name and Address	Years Completed	Graduate? or Diploma	
High School	Name		Yes No	
	Address	City	State Zip	
College			☐ Yes ☐ No	
Highest Degree	Name			
	Address	City	State Zip	
	Chipton-Ross, Inc. (Nevada)	• Phone: (310) 356	1 · ·	

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Please Read Carefully, Initial Each Paragraph, and Sign Below:			
Initials	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.		
Initials	I hereby authorize the company to thoroughly investigate my references, work history, education, background inclusive of criminal records, 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 hereby 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.		
	I understand that nothing contained in the application, or conveyed during any interview which may		

- Initials be granted or during my employment, if hired, is intended to create an employment contract between the Company and myself. I understand and agree, that if I am employed, my employment is for no definite or determinable period. I may be terminated at any time, with or without prior notice, at the option of either myself or Chipton-Ross; 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.
- Initials I understand and agree that I may be expected to work on a wide variety of job assignments and agree to accept assignments for which I am qualified. I also understand my failure to report for work will indicate that I have quit. I also agree to submit to a drug screen upon request or as specified in Chipton-Ross' substance abuse policy.

Date

Signature

Chipton-Ross, Inc. (Nevada) • Phone: (310) 356-2880 • Fax: (310) 356-2862 www.chiptonrossnevada.com • crnv@chiptonross.com *An Equal Opportunity Employer*