

298 Porter Road Rock Hill, SC 29730 Main #: (803) 324-8101 Fax #: (803) 324-8187 www.ctrinc.org

EMPLOYMENT / JOB APPLICATION

		Date:		
	PERSONAL IN	FORMATION		
Full Name:				
First	Mic	ddle	Las	st
Address:				
Street Address		Apt/Suite		
City		State	Z	ip Code
Phone:	E-Mail:			
Social Security Number (SSI	N):			
Date Available:		Desired F	Pay: \$	
Position Applied For:				
	EMPLOYMEN [*]	T ELIGIBILITY		
Are you legally eligible to work in the U.S.?			□ YES □ N	IO
Are you over the age of 18?			☐ YES ☐ N	IO
Have you ever worked for this employer?			□ YES □ N	10
*If yes, write the start and en	d dates:			
Have you ever been convicted of a crime?			YES □ NO	
*If yes, please explain:				
How did you hear about us?	☐ Advertisement	☐ Company's we	bsite	
	☐ Employment Agency	☐ Employee:		
	☐ School	☐ Other:		



		EDUCATION			
High school:		City / State:			
From:		To:			
Graduate? ☐ YES ☐ NO ☐	iploma:				
		City / State:			
From:		To:			
Graduate? ☐ YES ☐ NO ☐	egree:				
		City / State:			
From:		To:			
		City / State:			
From:		To:			
Degree/Certification:					
	PREV	IOUS EMPLOYMENT			
Employer 1:					
		Company / Individual			
E-Mail:		Phone:			
Address:					
S	treet Address		Apt/Suite		
	City	State	Zip Code		
Starting Pay: \$		y 🗆 Salary Ending Pay: \$			
Job Title:	Responsibilities:				
From:		_ To:			
Reason For Leaving:					



Employer 2:						
		Cor	npany / Individual			
E-Mail:	Phone:					
Address:						
•	Street Address			Apt/Suite)	
	City		State		Zip Code	
Starting Pay: \$	□	Hourly \square Salary	Ending Pay: \$		☐ Hourly ☐ Salary	
Job Title:	Responsibilities:					
From:	To:					
Reason For Leaving:						
Employer 3:						
		Comp	any / Individual			
E-Mail:			Phone:			
Address:						
	Street Address			Apt/Suite		
	City		State		Zip Code	
Starting Pay: \$	□	Hourly \square Salary	Ending Pay: \$		☐ Hourly ☐ Salary	
Job Title:	Responsibilities:					
From:		To:				
Reason For Leaving:						
		REFERI (PROFESSIC				
Full Name:				_ Relationship: _		
Fir		Las				
Company:			I itle:			
E-Mail:			Phone:			
Full Name:				Relationship:		
Full Name:Fi	rst	Las				
Company:			Title:			
E-Mail:			Phone:			



BACKGROUND CHECK / PRE-EMPLOYMENT DRUG SCREENING CONSENT

Applicants for employment will be required to undergo pre-employment drug s CTR's choosing and a pre-employment background check.	creening at the facility of	
If asked, are you willing to consent to a background check?	☐ YES ☐ NO	
If asked, are you willing to consent to a pre-employment drug screening?	☐ YES ☐ NO	
DISCLAIMER		
We consider applicants for all positions without regard to race, color, religion, a marital or veteran status, the presence of a non-job-related medical condition of legally protected status. We will give this application every consideration. How makes no commitment of employment to the applicant.	or handicap, or any other	
This application will remain active for 180 days.		
We are an at-will employer, meaning that either the employer or the employment relationship at any time and for any or no reason.	oyee may end the	
I hereby affirm that the information provided on this application is true and come that any omission or misrepresentation of information provided may result in material from employment.		
I authorize CTR to contact and obtain information from all references listed and release any employers or persons listed from liability for any damages from furnishing such information.		
In the event of my employment with CTR, I will comply with all of the rules and policies of the employed understand that if I am employed, my employment will be at will for no set period and that my employment may be terminated for any reason at any time by either me or CTR.		
This certifies that I have read and fully understand the above statement.		
Signature Date		
Print Name		

