
EMPLOYMENT APPLICATION



Corporate Business Solutions

A Drug-Free Employer

1520 International Tower, 229 Peachtree Street, NE

Atlanta, Georgia 30303

(404) 521-6030

TO APPLICANT:

We appreciate your interest in our organization and we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

Note: All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.

(PLEASE PRINT)

Company you are applying with: _____

Position applied for: _____

Type of employment desired: Full-time Part-time Temporary

Applicant Name: _____

Corporate Business Solutions is an Equal Opportunity Employer.

Applicants will be considered without discrimination based on race, religion, color, sex, age, national origin, marital status, disability or veteran status.

PLEASE COMPLETE ALL QUESTIONS AND PUT "N/A" WHERE NOT APPLICABLE
(PLEASE PRINT)

PERSONAL DATA

Name _____ Date ____ / ____ / ____

Home Phone _____ Social Security Number _____

Present Address _____
Street City State Zip Code

List any other names you have used or currently use (nicknames, married names, etc.)

Are you legally eligible for employment in the USA? Yes No If under 18, state your age _____

When would you be available to begin work? _____

Are you on lay-off subject to rehire elsewhere? Yes No

Have you ever been convicted of a crime other than a minor traffic offense? Yes No

If so, state the nature of the offense and the date the offense took place _____

EDUCATIONAL HISTORY

<i>Type</i>	<i>Institution/Location</i>	<i>No. Years</i>	<i>Degree/Major</i>
<i>High School</i>			
<i>College</i>			
<i>Graduate School</i>			
<i>Vocation/Technica</i>			

If a license is required for the position you are applying, please identify the license type, number and state of issuance: _____

GENERAL

<i>Special Skills, Activities, knowledge, or credentials that you feel add to your qualifications for the position applied for. Include any job-related training received in the military.</i>

EMPLOYMENT HISTORY

(Start with your present or last job. If more room is needed, you may attach additional sheets.)

(PLEASE PRINT)

<i>Employer</i>	<i>Dates Employed</i>		<i>Responsibilities/Work Performed</i>
<i>Address</i>	<i>From</i>	<i>To</i>	
<i>Telephone Number</i>			
<i>Job Title</i>	<i>Hourly Rate/Salary</i>		
<i>Supervisor</i>	<i>Starting</i>	<i>Final</i>	
<i>Reason For Leaving</i>			
<i>Employer</i>	<i>Dates Employed</i>		<i>Responsibilities/Work Performed</i>
<i>Address</i>	<i>From</i>	<i>To</i>	
<i>Telephone Number</i>			
<i>Job Title</i>	<i>Hourly Rate/Salary</i>		
<i>Supervisor</i>	<i>Starting</i>	<i>Final</i>	
<i>Reason For Leaving</i>			
<i>Employer</i>	<i>Dates Employed</i>		<i>Responsibilities/Work Performed</i>
<i>Address</i>	<i>From</i>	<i>To</i>	
<i>Telephone Number</i>			
<i>Job Title</i>	<i>Hourly Rate/Salary</i>		
<i>Supervisor</i>	<i>Starting</i>	<i>Final</i>	
<i>Reason For Leaving</i>			
<i>Employer</i>	<i>Dates Employed</i>		<i>Responsibilities/Work Performed</i>
<i>Address</i>	<i>From</i>	<i>To</i>	
<i>Telephone Number</i>			
<i>Job Title</i>	<i>Hourly Rate/Salary</i>		
<i>Supervisor</i>	<i>Starting</i>	<i>Final</i>	
<i>Reason For Leaving</i>			
<i>Employer</i>	<i>Dates Employed</i>		<i>Responsibilities/Work Performed</i>
<i>Address</i>	<i>From</i>	<i>To</i>	
<i>Telephone Number</i>			
<i>Job Title</i>	<i>Hourly Rate/Salary</i>		
<i>Supervisor</i>	<i>Starting</i>	<i>Final</i>	
<i>Reason For Leaving</i>			

May we contact your present/last supervisor? Yes No

Print Name _____ Social Security Number: _____

APPLICANT ACKNOWLEDGEMENTS

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I understand that I may also be subject to a background check and that I must successfully pass a drug screen to be considered for employment. If employed by Corporate Business Solutions, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Applicant:
Signature _____ Date ____ / ____ / ____

DRUG TESTING RELEASE

“I hereby consent to submit to a urinalysis and/or other test as determined by Corporate Business Solutions (The Company) as part of the hiring process. I understand that the purpose of the test is to detect the presence of illegal drugs in my system and with my signature, I consent to this test and that the current use of illegal drugs will cause my application for employment to be withdrawn from further consideration.

I further agree to hold harmless The Company and its agents (including the physician or clinic), from any liability arising in whole or in part, out of the collection of specimens, testing, and use of test results information in connection with The Company’s consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is voluntary on my part and that I have not been coerced into signing this document by anyone.”

Applicant:
Signature _____ Date ____ / ____ / ____

Transposals Test

Directions: determine if the numerical series in Column A is the same as the numerical series in Column B. If the two numbers match, write "S" (same), if the two numbers do not match, write "D" (different).

<u>Column A</u>	<u>Column B</u>	<u>Answer Column</u>
263498	264398	_____
3267002	3627002	_____
239496	239496	_____
627498	627498	_____
2387006	238006	_____
746993	746999	_____
90134794	90143794	_____
551003	551000	_____
451896	451986	_____
3475006	3475006	_____
1845007	1854007	_____
91546007	91546007	_____
4693004	4694003	_____
7604007	7640007	_____
28493	28394	_____
3841009	384109	_____
4593001	4593001	_____
6284002	684002	_____
714692	716492	_____
284006	286004	_____
1673005	1675003	_____
2890005	289005	_____
481993	481993	_____
2673001	2763001	_____
648991	649891	_____
3870001	387001	_____
2764002	2674002	_____
5863002	5862003	_____

Filling Test

Directions: Determine where the series on the left should be filed into the grouping on the right. Write the corresponding letter on the answer line to indicate where each series should be filed in.

1.-

651003	_____	A	
671008	_____		625007
6231006	_____	B	
521007	_____		638009
652001	_____	C	
679001	_____		650007
663004	_____	D	
700002	_____		653006
631009	_____	E	
66001	_____		678003
647002	_____	F	

2.-

Jones, Tom	_____	A	
Max Simpsom	_____		Jackson, John
Loftin, Teri	_____	B	
King, Joseph	_____		Jones, Tammy
Lin, Peter	_____	C	
Jack M Taylor	_____		Linwood, Catherine
Michaels, Joe	_____	D	
Johnson, Steve	_____		Loring, Barbara
Harvey, Rachael	_____	E	
Lumpkin, Carrie	_____		Morris, Kate
Nichols, Alisson	_____	F	

3.-

3162008	_____	A	
3275002	_____		2963002
2864001	_____	B	
31070001	_____		3015007
3471008	_____	C	
462001	_____		3172005
3617001	_____	D	
2994001	_____		3264001
3157004	_____	E	
349007	_____		3500007
3371004	_____	F	