



## APPLICATION FOR EMPLOYMENT

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Please Print

## CONTACT INFORMATION

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Present Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Address (if different from present address)	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Phone	Home Phone	Mobile Phone
( <input type="text"/> ) <input type="text"/>	( <input type="text"/> ) <input type="text"/>	( <input type="text"/> ) <input type="text"/>

## EMPLOYMENT DESIRED

Position applying for

Are you applying for:

Regular full-time work?	Yes	No	Regular part-time work?	Yes	No	Temporary work (e.g. summer or holiday)?	Yes	No
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What days and hours are you available for work? <input type="text"/>	If applying for temporary work, during what period of time will you be available? <input type="text"/> from: <input type="text"/> to: <input type="text"/>
If necessary, would you be available to work overtime? <input type="text"/>	If hired, when can you start work? <input type="text"/> Salary desired <input type="text"/>

## EDUCATION, TRAINING, EXPERIENCE

	Name/ Address of School	Years attended	Major/Minor	Type of Degree	Graduate?
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College/University	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business/Vocational	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)?  

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for the position that you are applying for?

  
  

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

Name of license/certification	Issuing state	License/certification number	Valid through
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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PERSONAL INFORMATION

Have you ever applied to or worked for Cordoba Corporation before? Yes No If yes, when?

Do you have any friends or relatives working for Cordoba Corporation? Yes No If yes, state name(s) and relationship:

Why are you applying for work at Cordoba Corporation?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal working age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

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, as well as skill and agility tests.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No  
(Convictions for misdemeanor 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.

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

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## EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

1. Name of Employer		Dates of Employment	
<input type="text"/>		<input type="text"/> from:	<input type="text"/> to:
Type of Business	Your Supervisor's Name		Telephone No.
<input type="text"/>	<input type="text"/>		<input type="text"/> ( <input type="text"/> ) <input type="text"/>
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Position and Duties			
<input type="text"/>			
<input type="text"/>			
Reason for Leaving			
<input type="text"/>			
May we contact this employer for a reference?	Yes	No	Name of Contact
			<input type="text"/>
			Telephone No.
			<input type="text"/> ( <input type="text"/> ) <input type="text"/>

2. Name of Employer		Dates of Employment	
<input type="text"/>		<input type="text"/> from:	<input type="text"/> to:
Type of Business	Your Supervisor's Name		Telephone No.
<input type="text"/>	<input type="text"/>		<input type="text"/> ( <input type="text"/> ) <input type="text"/>
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Position and Duties			
<input type="text"/>			
<input type="text"/>			
Reason for Leaving			
<input type="text"/>			
May we contact this employer for a reference?	Yes	No	Name of Contact
			<input type="text"/>
			Telephone No.
			<input type="text"/> ( <input type="text"/> ) <input type="text"/>



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[Please Print](#)**EMPLOYMENT HISTORY** (continued)

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

<b>3. Name of Employer</b>	Dates of Employment	
<input type="text"/>	<input type="text"/> from:	<input type="text"/> to:
Type of Business	Your Supervisor's Name	Telephone No.
<input type="text"/>	<input type="text"/>	<input type="text"/> ( <input type="text"/> ) <input type="text"/>
Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Your Position and Duties		
<input type="text"/>		
<input type="text"/>		
Reason for Leaving		
<input type="text"/>		
May we contact this employer for a reference?	Yes No	Name of Contact Telephone No.
		<input type="text"/> ( <input type="text"/> ) <input type="text"/>

<b>4. Name of Employer</b>	Dates of Employment	
<input type="text"/>	<input type="text"/> from:	<input type="text"/> to:
Type of Business	Your Supervisor's Name	Telephone No.
<input type="text"/>	<input type="text"/>	<input type="text"/> ( <input type="text"/> ) <input type="text"/>
Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Your Position and Duties		
<input type="text"/>		
<input type="text"/>		
Reason for Leaving		
<input type="text"/>		
May we contact this employer for a reference?	Yes No	Name of Contact Telephone No.
		<input type="text"/> ( <input type="text"/> ) <input type="text"/>



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REFERENCES

List below three persons not related to you — preferably supervisors — who have knowledge of your work performance:

1. First Name

Last Name

Telephone No.

( )

Email

Address

City

State

Zip Code

Occupation

No. of Years Acquainted

2. First Name

Last Name

Telephone No.

( )

Email

Address

City

State

Zip Code

Occupation

No. of Years Acquainted

3. First Name

Last Name

Telephone No.

( )

Email

Address

City

State

Zip Code

Occupation

No. of Years Acquainted



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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.

I hereby authorize Cordoba Corporation 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 hereby release the Cordoba Corporation, 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 be granted or during my employment, if hired, is intended to create an employment contract between me and the Cordoba Corporation. 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 Cordoba Corporation, 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.

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 Cordoba Corporation, I am entitled to copies of any such public records obtained by the Company unless I mark the checkbox 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 a copy of any public record described in the paragraph above.

Date

Applicant's Signature

By typing my name in the box above, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.



## SELF IDENTIFICATION FORM FOR EMPLOYMENT IN THE UNITED STATES

Please Print

This form pertains to inquiries related to employment at our locations in the United States.

In compliance by the Office of the Federal Contract Compliance Program, companies must solicit gender and race/ethnicity data from all applicants. The disclosure of this information is voluntary, and declining to provide this information will not affect your eligibility for employment with Cordoba Corporation.

If you are seeking employment in the United States, you may voluntarily complete the information below.

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ I choose to not self-identify

OR

**Gender:** (Please check one of the following)

Male Female Prefer to not disclose

**Race/Ethnicity:** (Please check one of the following)

Are you Hispanic/Latino? Yes No Prefer to not disclose

If no, please check one of the following:

American Indian/Alaskan Native	African American	Other
Asian	Native Hawaiian/Pacific Islander	White
Two or More Races	Prefer to not disclose	

**Veteran Status:** (Please check one of the following)

Vietnam Era Veteran	Special Disabled Veteran	Other Protected Veteran
Recently Separated Veteran	Armed Forces Service Medal Veteran	Not a Veteran
Other		

**Disability Status:** (Please check one of the following)

Individuals with Disabilities No Disabilities

SUBMIT

PRINT