

Application for Employment

The CBM Group, Inc.

AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants receive consideration for employment without regard to sex, marital or veteran status, race, color, religion, national origin, age, or disability.

INSTRUCTIONS:

PRINT legibly with and INK PEN. Please answer ALL questions to the best of your ability. CBM has zero (0) tolerance for dishonesty. DO NOT leave blank spaces - print N/A (Not Applicable) when necessary. Information on this application will be used in evaluating your background and when necessary. Information on this application will be used in evaluating your background and experience for employment with CBM.

EMPLOYMENT DESIRED

Position Sought								
Type of Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other (Please Specify)								
Pay Expected	Date You Can Start	Are You Willing to Work Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Willing to Work Weekends or Overtime? Weekends <input type="checkbox"/> Overtime <input type="checkbox"/>				
Days And Hours You Are Available To Work (Write "Any" If All Hours Are Available)	From:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	To:							
How Did You Hear Of This Position? <input type="checkbox"/> Newspaper (Specify) <input type="checkbox"/> CBM Employee <input type="checkbox"/> Agency <input type="checkbox"/> Other (Specify)								
Employee Name _____								

PERSONAL HISTORY

Name (Last, First, Middle)				Social Security No.			
Other Names Used While Employed							
Current Address - Number and Street			City	State	Zip	How Long At This Address?	
Home Phone No. Area Code ()				Message Phone No. Area Code ()			
If driving is a requirement of the job for which you are applying, do you have a current valid driver's license <input type="checkbox"/> Yes <input type="checkbox"/> No							
If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current driver's license							
Are you over 18 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Under 18, Do You Have A Work Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No - If Hired, You Will Be Required To Obtain A Work Permit				
Have You Been Employed Previously By CBM? If Yes, Location & Department <input type="checkbox"/> No <input type="checkbox"/> Yes							
Job Title		Supervisor's Name			Dates Worked		
Do You Have Any Relatives Or Friends Employed By CBM <input type="checkbox"/> No <input type="checkbox"/> Yes						If Yes, Name of Relative/Friend	
Location & Position If Not Currently Employed At CBM, Give Approximate Dates Worked.							
Are you authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				*An affirmative response will not necessarily disqualify you from consideration for employment			

EDUCATION

SCHOOLS ATTENDED (PROVIDE COMPLETE NAME AND ADDRESS OF EACH)	CHECK HIGHEST GRADE COMPLETED	JOB RELATED COURSES	GPA	DID YOU GRADUATE
LAST HIGH SCHOOL	8 9 10 11 12			<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY	DATES ATTENDED	MAJOR/MINOR		DEGREE OR NO. OF CREDITS
TECHNICAL/TRADE SCHOOLS (INCLUDING MILITARY)	DATES ATTENDED	MAJOR/MINOR		DEGREE OR NO. OF CREDITS

WHAT NAMES ARE YOUR SCHOOL RECORDS UNDER?

SKILLS AND INTERESTS

ARE YOU CURRENTLY ATTENDING SCHOOL?	DAYS AND HOURS ATTENDING	EXPECTED COMPLETION DATE
<input type="checkbox"/> NO	MAJOR	DEGREE/LICENSE SOUGHT
<input type="checkbox"/> YES - IF YES COMPLETE THE INFORMATION REQUESTED AT RIGHT		

ADDITIONAL SKILLS AND INTEREST (SHOW ANY SILLS, INTERESTS, OR OUTSIDE ACTIVITIES WHICH MAY HELP QUALIFY YOUR FOR THE JOB. DO NOT INCLUDE ANY CLUBS, ASSOCIATIONS, OR ORGANIZATIONS WHICH INDICATE RACE, CREED, RELIGION, AGE OR NATIONAL ORIGIN OF MEMBERS.)

HIGH SCHOOL _____

COLLEGE/UNIVERSITY _____

PROFESSIONAL _____

TECHNICAL/OCCUPATIONAL SKILLS (INCLUDE LEVEL OF PROFICIENCY) _____

RELATED HOBBIES/INTERESTS _____

CAREER AIM/GOALS _____

Please complete if applicable. Check to indicate specific skills

MACHINE OPERATIONS

- Electric Typewriter
- Full-Key Adding Machine
- Ten-Key Adding Machine
- Printing Calculator
- P.B.X.
- Transcribing Machine
- Computer/CRT
- Word Processor
- Personal Computer
- Other _____

OFFICE SPECIALTIES

- Accounts Payable
- Accounts Receivable
- Customer Service
- Data Entry
- Payroll
- Other _____

GENERAL CLERICAL

- Type W.P.M
- Shorthand W.P.M
- Speedwriting W.P.M.
- Other _____

MAINTENANCE SKILLS

- Electrical
- Plumbing
- Carpentry
- Landscaping
- Other _____

EMPLOYMENT HISTORY - List current and former employers, starting with the most recent, including part-time jobs, summer jobs and self-employment
 Use additional sheets of paper if needed. If you have a resume, you may attach it to the application, but you MUST complete this section

DATES EMPLOYED		COMPANY / ORGANIZATION		TITLE / DUTIES PERFORMED	SALARY AT START	SALARY UPON LEAVING	REASON FOR LEAVING	IMMEDIATE SUPERVISOR
FROM (MO & YR)	NAME	PHONE NO. ()	KIND OF BUSINESS					NAME
TO (MO & YR)	STREET ADDRESS							PHONE NO. ()
AVERAGE NO. OF HOURS WORKED PER WEEK	CITY, STATE, ZIP							MAY WE CONTACT: YES <input type="checkbox"/> NO <input type="checkbox"/>
FROM (MO & YR)	NAME	PHONE NO. ()	KIND OF BUSINESS					NAME
TO (MO & YR)	STREET ADDRESS							PHONE NO. ()
AVERAGE NO. OF HOURS WORKED PER WEEK	CITY, STATE, ZIP							
FROM (MO & YR)	NAME	PHONE NO. ()	KIND OF BUSINESS					NAME
TO (MO & YR)	STREET ADDRESS							PHONE NO. ()
AVERAGE NO. OF HOURS WORKED PER WEEK	CITY, STATE, ZIP							
FROM (MO & YR)	NAME	PHONE NO. ()	KIND OF BUSINESS					NAME
TO (MO & YR)	STREET ADDRESS							PHONE NO. ()
AVERAGE NO. OF HOURS WORKED PER WEEK	CITY, STATE, ZIP							
FROM (MO & YR)	NAME	PHONE NO. ()	KIND OF BUSINESS					NAME
TO (MO & YR)	STREET ADDRESS							PHONE NO. ()
AVERAGE NO. OF HOURS WORKED PER WEEK	CITY, STATE, ZIP							

References

List four professional references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years. **DO NOT LIST RELATIVES.**

1. Reference

Work phone ()

Home phone ()

Address

City/State

Zip

Profession

2. Reference

Work phone ()

Home phone ()

Address

City/State

Zip

Profession

3. Reference

Work phone ()

Home phone ()

Address

City/State

Zip

Profession

4. Reference

Work phone ()

Home phone ()

Address

City/State

Zip

Profession

ACCEPTANCE: Please read the following statements carefully BEFORE signing:

- I. I declare that all statements and answers provided in this application for employment are true, correct and complete.
- II. I understand and agree that any misrepresentation, untruth, misleading gnaws, omission, concealment, or failure by me in this application to answer questions fully, completely and accurately, may result in cancellation of the application and/or separation from company service if I have been employed.
- III. I understand that this document and/or acceptance of an offer of employment does not create a contractual obligation on The CBM Group, Inc. to continue to employ me in the future. I understand the employment relationship is of an "at will" nature, which means that I am free to resign at any time just as The CBM Group, Inc. is free to terminate my employment for any reason at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of The CBM Group, Inc.
- IV. I authorize The CBM Group, Inc. to verify the accuracy of all information given.
- V. I agree to return all The CBM Group, Inc. records, uniforms, equipment, keys, and property upon separation of employment.
- VI. I authorize all previous employers or other persons having information concerning me or my records to report such information to The CBM Group, Inc.
- VII. I fully understand that I am subject to shift and other changes in working conditions.
- VIII. If hired by The CBM Group, Inc., I understand and agree to comply with all company policies and procedures.
- IX. I understand that I will be required to produce verification of my legal right to work in the United States. If offered employment, I understand I will be required to produce sufficient documentation of my identity and right to work in the United States and to attest under penalty of perjury that the documents I have produced are genuine and relate to me.
- X. In the event any dispute arises out of my employment with The CBM Group, Inc., I and CBM expressly agree that any claim, dispute, and/or controversy arising from, relating to, or having any connection whatsoever with my employment, whether in contract, tort, statute, and/or equitable relief including but not limited to, claims of sexual harassment and discrimination on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, sexual preference and/or sex shall be submitted to and determined exclusively by binding arbitration under the procedures of the American Arbitration Association in conformity with the procedures of the California Arbitration Act. Employer agrees to bear all forum costs for arbitration. The prevailing party is entitled to be awarded anything that it, he or she, might seek through a court of law. The judgment or award by the arbitrator may be entered in any court having jurisdiction thereof. I further expressly agree that in any such arbitration, my exclusive remedy for violation of the terms, conditions or covenants of my employment shall be limited to a sum equal to any lost wages and benefits I would have earned from the date of any alleged adverse employment action until the date of arbitration award. If an adverse employment decision did not cause me to lose wages and/or benefits, I understand I cannot recover any monies from The CBM Group, Inc. through arbitration or any other process.

Applicant Signature

Date

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

