

CCS International, Inc.

Reference and Background Check Authorization

Please read and understand this statement before signing your application:

The information I have provided in this *Application for Employment* is true, correct and complete. False, incomplete or misrepresented information of any kind will result in my application being rejected or, if discovered after I am employed the immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire one year from date of application. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

Nothing on this application is intended to create or imply a contractual relationship; if hired, I understand that employment is "at-will", i.e., that it is not for any specific time period or duration, and can be terminated with or without reason at any time. While employment policies or procedures may change from time-to-time, only a written agreement signed by CCS' president can change the employee's "at-will" status.

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENT.

Printed Name and Signature of Applicant	Date	
Signature of Director of Administration	Date	



CCS International, Inc.

All statements and questions are to be completed.
All enclosed information will be kept CONFIDENTIAL.

PERSONAL INFORMATION

Name:			
Last	First		Middle
Present Address:			
Street	City	State	Zip
Permanent Address:			
Street	City	State	Zip
Home Phone Number:		Mobile Number:	
Are you legally eligible to be (Proof of identity and eligibility			[] No []
	will be required upor		[] No []
(Proof of identity and eligibility	will be required upor	n employment)	[] No []



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expunged by a court? Yes No	-	n years which have not been sealed or				
Applicants are not obligated to disc	close sealed or exp	unged records of convictions.				
A conviction that has not been seal applicant from employment although sealed or expunged will disqualify a	gh failing to disclo					
If, "Yes", describe in full:						
Do you have the ability to obtain a security clearance? Yes [] No []						
EMPLOYMENT DESIRED	Date You	Calani				
Position Applying For:	Can Start	Salary Desired				
Are You Employed Now?	If so, may Yes	we inquire of Your Employer? [] No []				
Have You Ever Applied to This Company Before? Yes [] No [] When?						
Have You Ever Applied to This Com	npany Before? Yes	[] No [] When?				
Have You Ever Applied to This Com COMPUTER SKILLS (Please check the b		[] No [] When?				
	box if you have this skill)					
COMPUTER SKILLS (Please check the bound of t	box if you have this skill) PowerPoint Delte					
COMPUTER SKILLS (Please check the bound of t	box if you have this skill) PowerPoint Delte Sure Trak D Primav	k Office Picture Manager era Expedition Primavera P3,5,6				
COMPUTER SKILLS (Please check the bound of	box if you have this skill) PowerPoint Delte Sure Trak Primav MC ² M-CACES	k Office Picture Manager era Expedition Primavera P3,5,6				



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Specify other software applications or skills:				

EDUCATION		Circl	e Las	st		Did You	
	Name & Location	Year	Con	plet	ed	Graduate	Degree(s) Received
High School		1	2	3	4	Yes No	
College		1	2	3	4	Yes	
Graduate School or Professional Education						Yes No	
Trade, Business or Correspondence School		1	2	3	4	Yes	



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FORMER EMPLOYERS

Date

Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
То	Name of Supervisor:			
From				
То	Name of Supervisor:			
From				
То	Name of Supervisor:			
We may con want us to d	tact the employers listed above	e unless	you indicate	those you do not
Employer:	Reason:			
Employer:	Reason:			

List the Last Three Employers - Start with your present or most recent employer



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REFERENCES

List the Names of Three (3) Professional References that can Vouch for Technical Ability						
Name	Address & Telephone	Business	Years Acquainted			

ADDITIONAL INFORMATION

Membership in professional organizations that are job-related, special accomplishments, awards, etc. (Exclude those which may disclose your race, color, religion, age or national group)	



CCS International, Inc.

Equal Opportunity Employer Statement

CCS International, Inc. (CCS) policy is to consider applicants for all positions on the basis of qualifications and to provide equal opportunities and does not discriminate in all aspects of employment without regard to race, color, religion, gender identity or expression, sexual orientation, marital status, national origin, citizenship, age, disability, veteran status, personal appearance, familial status, family responsibilities, matriculation, political affiliation, genetic information, source of income, place of residence or business or any other protected characteristic.

It is our policy to maintain a work environment free of racial and sexual harassment and intimidation.

It is our policy to comply with the letter and spirit of all local, state and federal laws concerning equal employment opportunity.

As part of CCS' commitment to equal opportunity, it is our policy to make reasonable accommodations for applicants and employees with known disabilities who can perform essential functions of the job with or without such accommodations.