

# APPLICATION for INDEPENDENT CONSULTING SERVICES



**CCS INTERNATIONAL, INC.**

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## Reference and Background Check Authorization

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### **Please read and understand this statement before signing your application:**

The information I have provided in this *Application for Independent Consulting Services* 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 consulting services.

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, that it is not for any specific time period or duration, and can be terminated with or without reason at any time.

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

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Printed Name and Signature of Applicant

Date

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Signature of Director of Administration

Date

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

## PERSONAL INFORMATION

**Social Security Number or Federal Tax ID Number:** \_\_\_\_\_

**Name:**

\_\_\_\_\_

**Last**

**First**

**Middle**

**Present Address:**

\_\_\_\_\_

**Street**

**City**

**State**

**Zip**

**Permanent Address:**

\_\_\_\_\_

**Street**

**City**

**State**

**Zip**

**Home Phone Number:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**e-Mail Address:** \_\_\_\_\_

**Are you legally eligible to be employed in the United States? Yes [ ] No [ ]**

**Are you over the age of 18 years? Yes [ ] No [ ]**

**(If no, you may be required to prove authorization to work)**

**Is there any information we would need about your name, or use of another name for us to be able to check your work record? Yes [ ] No [ ] If yes, please specify:** Have you been convicted of any crimes in the past ten years which have not been sealed or expunged by a court? Yes  No

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*Applicants are not obligated to disclose sealed or expunged records of convictions.*

*A conviction that has not been sealed or expunged will not necessarily disqualify an applicant from employment although failing to disclose a conviction that has not been sealed or expunged will disqualify an applicant.*

If, "Yes", describe in full:

Do you have the ability to obtain a security clearance? Yes [ ] No [ ]

## EMPLOYMENT DESIRED

Position Applying For:	Date You Can Start	Salary Desired
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Are You Employed Now?	If so, may we inquire of Your Employer?
	Yes [ ] No [ ]

Have You Ever Applied to This Company Before? Yes [ ] No [ ] When?

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## EDUCATION

Received	Name & Location	Circle Last Year Completed				Did You Graduate		Degree(s)
		1	2	3	4	Yes	No	
High School		1	2	3	4	Yes	No	
College		1	2	3	4	Yes	No	
Graduate School or Professional Education						Yes	No	
Trade, Business or Correspondence School		1	2	3	4	Yes	No	

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**COMPUTER SKILLS** (Please check the box if you have this skill)

MS Word  Excel  Access  Outlook  Powerpoint  Deltek  Office Picture Manager

QuarkExpress  Adobe  Primavera Sure Trak  Primavera Expedition  Primavera P3,5,6

MS Project  Timberline  Prolog  MC<sup>2</sup>  M-CACES(MII)

Success  NAVFAC CES  BCOM  BIM  On-Screen Take-off

**Specify other software applications or skills:**

## FORMER EMPLOYERS

<i>List Below the Last Three Employers – Start with your present or most recent employer</i>				
<b>Date Month &amp; Year</b>	<b>Name &amp; Address of Employer</b>	<b>Salary</b>	<b>Position</b>	<b>Reason for Leaving</b>
From _____  To	<b>Name of Supervisor:</b>			
From _____  To	<b>Name of Supervisor:</b>			
From _____  To	<b>Name of Supervisor:</b>			

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**We may contact the employers listed above unless you indicate those you do not want us to contact.**

Employer: \_\_\_\_\_ Reason: \_\_\_\_\_

Employer: \_\_\_\_\_ Reason: \_\_\_\_\_

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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

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**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)**

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## **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.*