



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied For	Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number
_____/_____/_____		____-____-_____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you a U.S. citizen? *Proof of citizenship will be required upon employment.* Yes No

On what date would you be available for work? ____/____/____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job required it? Yes No

What is your compensation Requirement? \$_____ Per Hour

Do you have any physical limitations which preclude you from performing certain types of work? _____ If yes, please describe, including specific work restrictions. _____

List any relatives working at Comstar. _____

In Case of Emergency, Contact:

Name: _____

Phone #: _____

PREVIOUS EMPLOYMENT:

YOUR NAME	POSITION APPLYING FOR	SIGNATURE	DATE
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<p>1 _____ CURRENT (OR MOST RECENT) EMPLOYER OR COMPANY POSITION HELD</p> <p>_____ STREET</p> <p>_____ CITY/STATE/ZIP</p> <p>_____ PHONE (WITH AREA CODE)</p>	<p>_____ DEPARTMENT IN WHICH YOU WORKED</p> <p>_____ SUPERVISOR</p> <p>_____ ANOTHER SUPERVISOR OR CO-WORKER</p> <p>_____ EMPLOYED FROM (DATE TO DATE) REASON FOR LEAVING</p>
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<p>2 _____ PREVIOUS EMPLOYER OR COMPANY</p> <p>_____ STREET</p> <p>_____ CITY/STATE/ZIP</p> <p>_____ PHONE (WITH AREA CODE) LEAVING</p>	<p>_____ DEPARTMENT IN WHICH YOU WORKED</p> <p>_____ SUPERVISOR</p> <p>_____ ANOTHER SUPERVISOR OR CO-WORKER</p> <p>_____ EMPLOYED FROM (DATE TO DATE) REASON FOR</p>
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<p>3 _____ PREVIOUS EMPLOYER OR COMPANY</p> <p>_____ STREET</p> <p>_____ CITY/STATE/ZIP</p> <p>_____ PHONE (WITH AREA CODE)</p>	<p>_____ DEPARTMENT IN WHICH YOU WORKED</p> <p>_____ SUPERVISOR</p> <p>_____ ANOTHER SUPERVISOR OR CO-WORKER</p> <p>_____ EMPLOYED FROM (DATE TO DATE) REASON FOR LEAVING</p>
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MAY WE CONTACT YOUR CURRENT EMPLOYER? YES () NO () If no, please include, in your list of references, a current or former co-worker who may be contacted to verify your current employment.

EDUCATION HISTORY:

HIGHSCHOOL:

_____		_____	_____
NAME		CITY	STATE
Yes _____ No _____	_____		
Did you Graduate?	Name Used During Attendance		

COLLEGE OR OTHER EDUCATIONAL EXPERIENCE:

_____		_____	_____
NAME OF INSTITUTION		CITY	STATE
_____		_____	
Degree	Major		
Yes _____ No _____	_____		
Did you Graduate?	Name Used During Attendance		



REFERENCES:

PEOPLE WHOM YOU HAVE WORKED WITH ARE PREFERABLE. PLEASE DO NOT USE RELATIVES.

1	_____			
	NAME	STREET	CITY/STATE/ZIP	PHONE
2	_____			
	NAME	STREET	CITY/STATE/ZIP	PHONE
3	_____			
	NAME	STREET	CITY/STATE/ZIP	PHONE

PLEASE READ AND SIGN BELOW

The facts set forth in this application are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate Comstar in any way if I am employed. Comstar is authorized to make an investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of its choice.

Signature of Applicant

WE ARE AN EQUAL OPPORTUNITY EMPLOYER