



An Equal Opportunity Employer.

Last Name		First Name		Middle Initial		Social Security Number:	
Street Address		City/State		Zip Code		Phone Number:	
Email address						Emergency phone #	
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:		Wage/Salary Desired:		Full Time? Part Time?			
Date you can begin work?		Are you 18 years of age or older?		Capital Core Inc and its subsidiaries does not employ minors under the age of 18.			
Name of high school attended:		City & State		Graduate?		GED?	
Name of college or technical school:		City & State		Graduate?		Degree? Major:	
Other:		City & State		Program?			
List any job-related skills or accomplishments, including military service:							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				
What location are you applying for?							

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, references and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision including , but not limited to, my personal credit history based on reports from any credit bureau; drug test; DoT/ FMCSA driver history check, criminal history/records; my driving history, including any traffic citations; a social security number verification; information discerned through employment and education verifications; present and former addresses; and any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Capital Core, Inc and its subsidiaries , regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I release such persons and organizations from any legal liability in making such statements. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I have read the above statement, understand my rights and agree to the above statements. I agree that a copy of this authorization has the same effect as an original.

Signature:

Date:

Printed name: