

**CPS**

Critical Process Systems Group

# APPLICATION FOR EMPLOYMENT

*Position:**Job#:**Date:**Company:**How did you  
hear about this  
position?*

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## PERSONAL INFORMATION

*Last name:**First name:**Middle Initial:**Address:**City:**State:**ZIP:**Home phone:**Cell phone:**Preferred contact:**Email address:**On what date would you be able to start?*

Federal / State laws prohibit the hiring of individuals under the age of 18 if the operation of certain equipment is required.

- |   |     |    |
|---|-----|----|
| 1. Are you over 18 years of age?  | Yes | No |
| 2. Are you legally employable in the United States?   | Yes | No |
| 3. Have you ever worked for any CPS company before?   | Yes | No |
| 4. Are you available for shift work?  | Yes | No |
| 5. Are you able to work overtime?   | Yes | No |
| 6. Are you able to work weekends?   | Yes | No |
| 7. Do you have reliable transportation?   | Yes | No |
| 8. Would you be available for occasional company travel?<br>(This question applicable for DFS candidates only.) | Yes | No |

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## EDUCATION

*High School:**Graduated:*

Yes

No

*City / State:**College:**Graduated:*

Yes

No

*City / State:**If yes, Degree:**Other:**Are you currently enrolled in a class or course of study?*

Yes

No

*If Yes, where?*

Course of study?

Describe any specialized training, certifications, apprenticeships and skills you have acquired:

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## REFERENCES

Please list the requested information of persons who are familiar with your past work experience:

1. Name: City / State:

Tel. No.:

2. Name: City / State:

Tel. No.:

3. Name: City / State:

Tel. No.:

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## EMPLOYMENT EXPERIENCE ( If you need additional space, please attach another application )

Employer:

Dates employed from:

To:

City / State:

Job Title:

Tel. number:

Duties:

Supervisor:

Start pay:

End pay:

Reason for leaving:

May we contact this employer?

Yes

No

Employer:

Dates employed from:

To:

City / State:

Job Title:

Tel. number:

Duties:

Supervisor:

Start pay:

End pay:

Reason for leaving:

May we contact this employer?

Yes

No

Employer:

Dates employed from:

To:

City / State:

Job Title:

Tel. number:

Duties:

Supervisor:

Start pay:

End pay:

Reason for leaving:

May we contact this employer?

Yes

No

## ***APPLICANT'S STATEMENT***

In submitting this application, the undersigned agrees as follows:

- I voluntarily give my consent for a thorough investigation of my past employment and criminal conviction records.
- If employed, I will comply with all written rules and regulations and other communications distributed to all employees.
- I understand that I cannot apply for a position unless I fulfill the age requirements.
- I certify that all statements made by me on this application are true and complete to the best of my knowledge and I have withheld nothing that, if disclosed, would affect this application unfavorably. I also certify that I completed this application without assistance. I understand that if employed, any false statements on this application shall be sufficient cause for dismissal.

CPS Group and its member companies do not discriminate on the basis of race, age, religious creed, national origin, sex, marital status, veteran status, disability, status with regard to public assistance, or any other protected classes.

*Signature:*

*Date:*

***Please return to:*** CPS Group, 480 Hercules Drive, Colchester, VT 05446 Attn: HR    ***Or email file to:*** [HR@cpsgrp.com](mailto:HR@cpsgrp.com)