



C. Martin Company, Inc.
“A Woman Owned, Veteran Owned, 8 (a), Small Disadvantaged Business”

3395 West Cheyenne Avenue, Suite 102 ♦ North Las Vegas, Nevada 89032 ♦ (702) 656-8080 ♦ Fax: (702) 656-9484

EMPLOYMENT APPLICATION

3395 West Cheyenne Ave., Suite 102

North Las Vegas, NV 89032

PH (702) 656-8080

FX (702) 656-9484

C. Martin Company, Inc. provides equal employment opportunity without regard to an applicants' race, color, religion, natural origin, sex, age, disability, or veteran status. Anyone who may need accommodations under the ADA regulations for the interview process or for employment if selected for a position should contact the corporate office, (702)656-8080.

Personal Information (please print)

Name	Social Security #
Address	Phone Number
How did you learn of this position?	

Employment Desired

Position	Date available to start
Work Schedule Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary Desired
Shift Available <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Other	

Education

	Institution Name/City	Major	Degree
High School			
College			
Graduate School			
List any certifications or licenses you hold that may help qualify you for employment.			
List any job-related professional or technical organizations to which you belong.			

Military Service

Dates	Branch	Assignment	Final Rank	Honorable Discharge?

Skills (Not all may be necessary for the position you seek)

List all computer software and hardware you can use.

Typing Speed	Ten-Key { } Yes { } No	Other
Foreign Languages Spoken		
Drivers License #	State	Type Ex. Date

Employment History (Please list all employers and periods of unemployment. Complete even if you attach a resume)

Dates	Employer	Position/Title	Supervisor
	Address		Phone #
	Phone Number		Salary

Reason for leaving

Dates	Employer	Position/Title	Supervisor
	Address		Phone #
	Phone Number		Salary

Reason for leaving

Dates	Employer	Position/Title	Supervisor
	Address		Phone #
	Phone Number		Salary

Reason for leaving

Dates	Employer	Position/Title	Supervisor
	Address		Phone #
	Phone Number		Salary

Reason for leaving

Dates	Employer	Position/Title	Supervisor
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	Address		Phone #
	Phone Number	Salary	Bonus
Reason for leaving			
Dates	Employer	Position/Title	Supervisor
	Address		Phone #
	Phone Number		Salary
Reason for leaving			
Dates	Employer	Position/Title	Supervisor
	Address		Phone #
	Phone Number		Salary
Reason for leaving			

References (List three persons not related to you who have known you at least one year)

Name	Address
Relationship	
Number of Years Known	Phone Number
Name	Address
Relationship	
Number of Years Known	Phone Number
Name	Address
Relationship	
Number of Years Known	Phone Number

General Information

Have you ever been released, discharged, or laid off from any position? { } Yes { } No

If yes, explain.

Have you ever been convicted of a felony? (Exclude any sealed or expunged convictions)

{ } Yes { } No

If yes, explain. (Conviction will not necessarily disqualify)

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.

- ____ 1. If I am offered employment, I will, as a condition of employment, be required to produce sufficient documentation of my identity and right to work in the United States and to attest under penalty of perjury that the documents I have produced are genuine and relate to me pursuant to the Immigration Reform and Control Act of 1986.
- ____ 2. I understand that any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when they are discovered, will result in my immediate dismissal or removal of my application from consideration of employment. I certify that the information I have provided in this application is true and complete.
- ____ 3. I understand that I will be required to possess a current valid driver's license for the state in which I reside.
- ____ 4. I understand and agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and may be terminated by the company or myself at anytime with or without cause and with or without prior notice. Nothing contained in any Policy and Procedure Manual, Employee Handbook, or other company document or communication shall be construed to alter or be inconsistent with this paragraph or to limit the company's employment rights as set forth in Section 2922 "Termination at Will" of the State Labor Code. I understand that no supervisor or manager may alter or amend the above conditions except in writing as follows. No agreement for employment, which differed, or is inconsistent with this paragraph, shall be valid or enforceable unless in writing and signed by either the President of C. Martin Company, Inc. or the Vice President responsible for my department.
- ____ 5. If I am offered employment, I may, as a condition of my employment, be required to submit to and successfully complete and pass a physical examination.
- ____ 6. I further understand and agree that any employment regulated by the United States Department of Transportation is conditioned upon submission to, and successful competition and passing of, a pre employment, random, and for-cause screening for alcohol and illegal drugs/substances.
- ____ 7. I authorize investigation of all statements contained in this application and any supporting documents. I authorize C. Martin Company, Inc. to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising in relation to such investigation.
- ____ 8. I hereby agree to submit to binding arbitration all legal claims arising out of the submission of this application. I further agree, in the event that I am hired by C. Martin Company, Inc. that all disputes and causes of action that cannot be resolved by informal internal resolution which might arise out of, or in relation to, my employment with C. Martin Company, Inc. whether during or after that employment, will be submitted to binding arbitration, under the rules of the American Arbitration Association. This application contained the entire agreement between the parties with regard to dispute resolution and there are no other agreements as to dispute resolution, either oral or written.

I have read, understand, and agree to the following, and that to the best of my knowledge and belief, the information on this application is true, correct, and complete.

Signature: _____

Date: _____