



To send application email to [laura@chapelmapping.com](mailto:laura@chapelmapping.com) or Fax (855) 677 7147

web site [www.chapelmapping.com](http://www.chapelmapping.com) Phone (814) 723-0861

**EMPLOYMENT APPLICATION**

APPLICANT INFORMATION					
Last Name		First Name		M. Name.	
Street Address		Apartment/Unit #			
City		State		ZIP	
Phone		E-mail Address			
Date Available		Desired Salary		Driver license in which state?	
Position Applied for			Do you have a valid driver license?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have reliable transportation?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever been convicted of any crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list all and explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two of your former <b>SUPERVISORS</b> as references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

**PREVIOUS EMPLOYMENT**

<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	<b>Reason for Leaving</b>	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	<b>Reason for Leaving</b>	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	<b>Reason for Leaving</b>	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Do you require any time off after hire? \_\_\_\_ If so list dates \_\_\_\_\_

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	
Military Reserves	From To

<b>DISCLAIMER AND SIGNATURE</b>	
<p>I certify that all information given by me on this application is correct, true and complete. I understand that falsification of any information on this application will be cause for immediate discharge from the employer's service.</p> <p>I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the U.S.A. By signing this application I am certifying that I have read, fully understand, and accept all the terms of the employment application. I also understand that Employment is contingent on signing Chapel Mapping Work Rules, Agreement not to Compete, Passing the training test, passing a drug test and other Employee Forms.</p>	
Signature	Date

Note: New Mexico Applicants do not answer Felony Conviction and Crime Conviction questions.

REFERENCE CHECK RELEASE FORM

**I authorize Chapel Mapping to conduct a reference check with my present and/or previous employer(s). This also serves to authorize my present and/or previous employer(s) to provide reference information to Chapel Mapping as it is requested. I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor and character, rehire potential, dates of employment, salary and employment history. By providing such authorization, I understand and agree that I release Chapel Mapping, from any and all claim regarding any employment decisions made about me on the basis of such information.**

Signature\_\_\_\_\_

Print your name\_\_\_\_\_

Date\_\_\_\_\_