



APPLICATION FOR EMPLOYMENT

(Please print clearly)

Name _____
Last First Middle

Address _____
Number Street Apt. No. City State Zip

Telephone (Area Code) _____ Email: _____

Position(s) Applying For _____

Referral Source: Ad Friend Relative Walk-in Employment Agency Employee _____

Have you ever been employed here before? Yes No If yes, give dates _____

Are you employed now? Yes No

May we contact your present employer? Yes No If no, why _____

Are you presently laid off and subject to recall? Yes No

Are you prevented from lawfully becoming employed in this country? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Shift-Work Temporary

Can you travel if the job requires? Yes No

Are you transferable? Yes No

Have you ever been convicted of a crime? Yes No If yes, please explain _____

(Conviction will not necessarily disqualify applicant from employment.)

Are you a veteran of the U.S. Military Service? Yes No If yes, please give the branch _____

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Major				
Diploma/Degree				
Describe Course of Study				

Honors received: State any additional information that you feel may be helpful to us in considering your application:

EMPLOYMENT EXPERIENCE

(1) Employer _____ Address _____
Telephone () _____ Job Title _____
Supervisor _____ Reason for Leaving _____
Dates Employed From _____ To _____
 Hourly Rate Salary Starting/Final _____ Worked Performed _____

(2) Employer _____ Address _____
Telephone () _____ Job Title _____
Supervisor _____ Reason for Leaving _____
Dates Employed From _____ To _____
 Hourly Rate Salary Starting/Final _____ Worked Performed _____

(3) Employer _____ Address _____
Telephone () _____ Job Title _____
Supervisor _____ Reason for Leaving _____
Dates Employed From _____ To _____
 Hourly Rate Salary Starting/Final _____ Worked Performed _____

Please complete this section only if you are applying for a driver or warehouse job.

Have you received any traffic citations, in any state, in the past 10 years? Yes No
(Speeding, expired license, going through a red light, etc.)

Have you ever had your license suspended or revoked? Yes No *If yes, please explain* _____

Have you ever been convicted of a DWI? Yes No *If you answered YES to any of the above, please describe infraction(s)* _____

Have you ever had any vehicular accidents in the past 10 years? Yes No *If yes, please explain* _____

Approximate month and year of accident _____ Location, City and State _____

Sentence/Amount of fine _____

Were you issued a summons? Yes No

Have you had any OTHER vehicular accidents in the past 10 years? Yes No *If yes, please explain* _____

Approximate month and year of accident _____ Location, City/State _____

Sentence/Amount of fine _____

Were you issued a summons? Yes No

REFERENCES

Please give the names of at least three persons, not related to you, whom you have known for at least one year.

ALL FIELDS ARE REQUIRED

Name _____

Address _____ Phone () _____

Years Acquainted _____ Business _____

Name _____

Address _____ Phone () _____

Years Acquainted _____ Business _____

Name _____

Address _____ Phone () _____

Years Acquainted _____ Business _____

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REFERENCE CHECK AUTHORIZATION

We are in possession of your application and references listed therein. In the interest of fairness to you and the Company, we would like to verify those references. Please read the statement below and as indicated if you don't object to our verification of the information you have provided.

I, _____ am applying for employment for City Mattress / PranaSleep. I hereby authorize you to verify by telephone or letter all references that I have offered, and understand that employment may not be offered if I have provided false information. I further understand that even if all references are verified, employment is not guaranteed.

By signing this document, I acknowledge receiving it and agree to abide by the information contained in the attached "Authorization and Disclosure for Background Check."

Signature of Applicant _____ Date _____

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APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

Signature of Applicant _____ Date _____



DISCLOSURE AND AUTHORIZATION FORM

NOTE: Goodegg may contact you via email and/or text to obtain information for a background check. Please follow the instructions to successfully complete the background check.

City Mattress / PranaSleep may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. The reports may be obtained at any time after receipt of your authorization and, if hired by the Company, throughout your employment.

Goodegg. will obtain the reports for the Company. Goodegg can be contacted at (631) 557-0424. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports, criminal records checks; public court records checks; driving records checks, educational records checks, employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends, associates and former employers.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company’s Human Resources Manager at 239-908-2700 in Bonita Springs, FL. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAWS

If you are a California, Maine, New York or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Precise Hire, Inc. during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at Precise Hire’s offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. Precise Hire, Inc. has trained personnel available to explain your file to you including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer reporting agency was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of the receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of such reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ABSTRACT OF DRIVING RECORD: RELEASE OF INTEREST

Employer, prospective employer, or volunteer organization name: CM Management Inc ("Company").

Agent business name if acting on behalf of the company for employment purposes: Good Egg, LLC.

This is an authorization for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment.

I, _____, am an employee, prospective employee, or volunteer of the Company named above. To the extent permitted by law, I hereby provide consent for Agent to provide a certified abstract of my complete driver's record, (including but not limited to convictions, accidents, license suspensions or revocations, and any type of driver's license that I possess) in any state where I hold or have applied for a driver's license. I further provide consent for Agent to provide and Company to use medical information about my physical or mental health for purposes relevant to an employment determination, to the extent permitted by applicable law.

Florida applicants only: I hereby provide consent for Agency to provide emergency contact information contained in my motor vehicle records.

Georgia applicants only: I hereby provide consent for Agency to include photographs, fingerprints, computer images, medical and disability information in my driving records.

Maryland applicants only: I hereby provide consent for Agency to report driving record entries that are more than 3 years old, records of a first offense of driving with an alcohol concentration, records or notations of probation before judgment, and records of the medical advisory board.

Montana applicants only: I hereby provide consent for Agency to report driving records of traffic accidents that did not result in a conviction.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

DRIVER'S NAME:	
DATE OF BIRTH:	

Signature

Date