

Cardi Corporation

400 Lincoln Avenue
Warwick, Rhode Island 02888
401-739-8300

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name _____ Date of application _____
LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip _____

Telephone _____

1. GENERAL INFORMATION:

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? Yes No

2. EDUCATION & TRAINING:

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters _____ Doctorate _____

Name & Address of School

Name & Address of School	Major Course studied	Graduated or degree (YorN)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.)/Address			

List any scholarships, academic honors, awards or special achievements:

3. SKILLS Please list any skills you have that are appropriate for the position you are applying for: _____

If required, will you work?

Rotating shifts YES NO
Overtime YES NO
Saturdays YES NO
Sundays YES NO

Position applying for, be specific:

Full Time Yes No
Part Time Yes No

Salary Requirements

\$ per hour
 per month

State fully why you believe you are qualified for this position

INTERESTS / ACCOMPLISHMENTS: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position (s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

Date you can start

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EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **FOUR** employers. If currently employed, may we contact your employer? Yes No

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY			(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR			TITLE OF YOUR POSITION		REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:						
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FULL NAME OF COMPANY			(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
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READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge.

I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that any misstatement or omission of information may result in denial of employment or discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature _____ Date _____