



Civil Engineering Consulting Services, Inc.

*Transportation and Forensic Engineering
Environmental Planning • Consulting Management*

**2000 Park Street, Suite 201
Columbia, SC 29201**

APPLICATION FOR EMPLOYMENT

(Answer ALL questions – Please print clearly)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Name: _____
(Last) (First) (Middle)

Position(s) Applied For: _____

Salary Range Expected: _____

List your addresses of residency for the past 3 years:

Current Address: _____
(Street) (City)

(State) (Zip Code) Phone: _____ How long? _____

Previous Address: _____
(Street) (City)

(State) (Zip Code) Phone: _____ How long? _____

Previous Address: _____
(Street) (City)

(State) (Zip Code) Phone: _____ How long? _____

Do you have the legal right to work in the United States? _____

You are: (check the line that applies)

1. _____ A citizen of the United States
2. _____ An alien lawfully admitted for permanent residence (Alien #A _____)
3. _____ An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien #A _____ or Admission #A _____, expiration of employment authorization, if any _____)

Are you currently employed? _____ If not, how long since leaving last employment? _____

How did you learn about CECS? _____

Referral by: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? If yes, please explain: _____

EMPLOYMENT HISTORY

Last or Current Employer	Date Rate (Month / Year)
Address (Street)	Position Held
City / Street / Zip	Salary / Wage
Contact Person & Phone Number	Reason for Leaving

2 nd Previous Employer	Date Rate (Month / Year)
Address (Street)	Position Held
City / Street / Zip	Salary / Wage
Contact Person & Phone Number	Reason for Leaving

3 rd Previous Employer	Date Rate (Month / Year)
Address (Street)	Position Held
City / Street / Zip	Salary / Wage
Contact Person & Phone Number	Reason for Leaving

4th Previous Employer	Date Rate (Month / Year)
Address (Street)	Position Held
City / Street / Zip	Salary / Wage
Contact Person & Phone Number	Reason for Leaving

5th Previous Employer	Date Rate (Month / Year)
Address (Street)	Position Held
City / Street / Zip	Salary / Wage
Contact Person & Phone Number	Reason for Leaving

PROFESSIONAL CERTIFICATES OR LICENSES

Profession	Date of Current Certification / License	State Issuing or Registered In	Date of 1st License or Registration	Exam or Reciprocity

EDUCATION

List three personal references (not related to you) other than listed in your employment history who are familiar with your work.

Name	Address	Email address	Phone (include area code)

REFERENCES

List the institutions of higher learning you have attended, beginning with the most recent:

Name of School	Location	Course of Study	Years Attended	Degree / Certificate Received

OTHER QUALIFICATIONS

List your computer knowledge which is applicable to the position you are applying for:

List any courses and training you have completed which will help you in this position:

List special equipment or technical materials you can work with (other than those already shown):

List any professional societies to which you belong:

TO BE READ AND SIGNED BY APPLICANT

My signature below certifies this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize CECS, Inc. to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

(Signature)

(Date)

(Printed Name of Applicant)