



CCS Headquarters  
 655 South Street, Suite #2  
 Seward, NE 68434  
 (855) 752-5047 – Phone  
 (402) 643-0143 – Fax

# Employment Application

**\*\*\* Please read employment application instructions before completing this form \*\*\***

<b>POSITION FOR WHICH YOU ARE APPLYING:</b>		
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Check **all** that you may be interested in: Full-Time  Part-time  Seasonal:

Last Name	First Name	Middle Initial
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Mailing Address	City	Parish
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State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address
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Driver's License #	State	Expiration Date	<input type="checkbox"/> Operators (Private Vehicle) <input type="checkbox"/> CDL (copy needed of license & medical card)	License Class _____ Endorsement _____
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Have you been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). <i>Nature of Offense</i> <i>Name &amp; Location of Court</i> <i>Date of Conviction</i>	<b>(Inaccurate information here will result in disqualification.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer</i> <i>Date and Reason</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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REFERENCES	
Name:	Phone:

## EDUCATION AND TRAINING

### ELEMENTARY AND HIGH SCHOOL EDUCATION

Highest Grade Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate from High School or obtain a GED? <div style="text-align: center;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</div>	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: _____ Location: _____
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**EDUCATION AND TRAINING CONTINUED**

**SECONDARY EDUCATION**

Years Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> more	Did you obtain a degree? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and Location of Last School Attended, Name: _____ Location: _____
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**EMPLOYMENT HISTORY  
STARTING FROM MOST RECENT**

May we contact your present/past employer? YES  NO

<b>1</b>	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address ( <b>city and state are required</b> )		
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number	
Reason for Leaving			Rate of Pay When Left		
Title of Position Held			Number & Job Title of Employees you Supervised		

Describe job responsibilities in order of importance:

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<b>2</b>	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address ( <b>city and state are required</b> )		
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number	
Reason for Leaving			Rate of Pay When Left		
Title of Position Held			Number & Job Title of Employees you Supervised		

Describe job responsibilities in order of importance:

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<b>3</b>	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address ( <b>city and state are required</b> )	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving			Rate of Pay When Left	
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

**CONDITIONS OF EMPLOYMENT STATEMENT**

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give CCS Group, LLC the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith.

I understand that the completion of this application does not assure me of a position with CCS Group, LLC and does not obligate CCS to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal.** Candidates selected for hire must pass a physical and drug screen prior to employment. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. CCS Group, LLC is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of CCS Group, LLC records and will not be returned, reused or copied for me once submitted. I am also aware that my application is subject to the Nebraska open records law and may be released as a public document.

***\*All new hires must complete a Urinary Analysis PRIOR to starting work with CCS. If the initial analysis comes back positive or inconclusive, you will be responsible for a second test which may be done at the local medical clinic.***

By my signature, I certify, authorize and acknowledge the above statements.

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Signature

Date

Phone Number

(Unsigned applications will not be considered)

We continually review applications for potential team members with talent, initiative, and drive to help our company achieve new levels of excellence. If you're a motivated individual looking for an exceptional opportunity with a company that offers training, competitive wages, promotes equal employment opportunities and a safe work environment, CCS Group, LLC may be the place for you.

Completed Applications may be returned to:

- ✓ Via fax to (402) 643-0143
- ✓ Via email to [jessica@ccsgrouponline.com](mailto:jessica@ccsgrouponline.com)
- ✓ Via postal mail to: 655 South Street, Ste. 2, Seward, NE 68434