

Christian Copyright Licensing, Inc. Employment Application

(Please Print)

Position Applied For:			Date of Application
Last Name	First Name	Middle Initial	
Address	Street	City	State
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes____ No____

Have you ever been employed with us before? Yes____ No____

If Yes, give dates: _____

Are you currently employed? Yes____ No____

May we contact your present employer? Yes____ No____

On what date would you be available for work? _____

Are you available to work: Full Time____ Part Time____ Temporary____

Can you travel if a job requires it? Yes____ No____

Education

	Elementary School	High School	Undergraduate College/University	Graduate Professional
School Name and Location				
Years Completed				
Diploma / Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills and extracurricular activities.

Describe any honors you have received.

State any additional information you feel may be helpful to us in considering you application.

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

Employment Experience

Start with your present or last job, include any job-related military service and volunteer activities.

1 - Employer		Dates Employed		Work Performed
		From	To	
Address				
Phone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Your Job Title				
Supervisor		Reason for Leaving		
2 - Employer		Dates Employed		Work Performed
		From	To	
Address				
Phone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Your Job Title				
Supervisor		Reason for Leaving		
3 - Employer		Dates Employed		Work Performed
		From	To	
Address				
Phone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Your Job Title				
Supervisor		Reason for Leaving		

References

Give names, address and telephone number of three references who are not related to you and are not previous employers.

1
2
3

What computer experience have you had? _____

Are you willing to work overtime? Yes ___ No ___

Have you ever been discharged, suspended or requested to resign? Yes ___ No ___

If yes, please explain: _____

In a few words, why would you like to work for CCLI?

Please Read

I certify that 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 an employment decision. I hereby acknowledge that any employment relationship with CCLI is of an "at will" nature, which means that the Employee may resign at any time and CCLI may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document unless such change is specifically acknowledged in writing by an authorized executive of CCLI.

Signature of Applicant: _____ **Date:** _____

Any application unsigned will not be considered.