



APPLICATION FOR EMPLOYMENT

Position(s) applied for _____ Date of application _____

Name _____
Last First Middle

Current Address _____
(If different from resume) Street City State Zip Code

Preferred Contact Phone #: _____ Alt #: _____ Email: _____

Are you currently authorized to work for all employers in the United States on a full-time basis or only your current employer?

All Employers Current Employer Only (check one)

When are you available to begin work? _____ What is your time frame to make a career decision? _____

Are you able to commit to our minimum two-year, entry-level programs? Yes No

Desired geographic location(s):

Reason(s) why: _____

Have you ever been fired or asked to resign from a job? No Yes

How were you referred to Cvent? _____

EDUCATIONAL BACKGROUND*

NAME	YEARS COMPLETED	DID YOU GRADUATE?		OVERALL GPA
		DEGREE	MAJOR	
GRADUATE SCHOOL/OTHER				
COLLEGE				
HIGH SCHOOL		N/A	N/A	

STANDARDIZED TEST SCORES*

Test	Total or Composite	Test	Total or Composite
SAT or ACT		GMAT/GRE/LSAT	

ACTIVITIES BACKGROUND (SPORTS, AWARDS, SUPERLATIVES, ETC)

NAME/TYPE OF ACTIVITY OR GROUP	YEARS PARTICIPATED	LEADERSHIP ROLE(S) HELD	AVERAGE HOURS PER WEEK INVOLVED
COLLEGE			
1.			
2.			
3.			
HIGH SCHOOL			
1.			
2.			
3.			
4.			

W2 HISTORY

YEAR	POSITION(S)	BASE	BONUS/COMMISSION	W2/TOTAL COMPENSATION
Current				
2009				
2008				
2007				

<p>* Desired W2 Total Compensation range: Base salary: Bonus/Commissions:</p>
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***These fields are required.**

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION OR IN CONJUNCTION WITH MY APPLICATION FOR EMPLOYMENT WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER’S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER AND ANY INVESTIGATIVE CONSUMER REPORTING AGENCY THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION. IF A REPORT IS OBTAINED, THE COMPANY WILL PROVIDE, AT MY REQUEST, THE NAME OF THE AGENCY SO I MAY OBTAIN FROM THEM THE NATURE AND SUBSTANCE OF THE INFORMATION CONTAINED IN THE REPORT.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY’S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON’S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA. I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION. I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

SIGNATURE OF APPLICANT _____ **DATE** _____

AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources department.