



WEBSITE: www.csfc.com

Phone: 256.350.5052

Fax: 256.350.2109

LEAVE THIS AREA BLANK- FOR CSFCO USE ONLY

APPLICATION FOR CANDIDACY AS A CSFCO TRAINING PROGRAM PARTICIPANT

Application Date:

PERSONAL INFORMATION

NAME Last First Middle

Address City St Zip

Telephone Number Alternate or Cell Phone Number Email Address

Are you under the age of 18? If yes, and we require a work permit, can you furnish one?

Person we may contact in case of an emergency: Phone Number or Cell Number:

Current Job Title/Position: Direct Supervisor:

Your CSFCO Hire Date: (If you have worked for CSFCO in the past please list your most recent hire date) Are you employed with CSFCO as: Full-Time [ ] Part-Time [ ] Temporary [ ] Seasonal [ ]

Do you have reliable transportation in order to attend class? Yes [ ] No [ ]

PLEASE LIST THE CSFCO TRAINING COURSE/COURSES YOU HAVE SELECTED TO REGISTER FOR:

PLEASE SELECT THE DAYS/NIGHTS YOU WOULD BE ABLE TO ATTEND CLASS

[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday

PLEASE LIST ANY TRAINING PROGRAMS, CERTIFICATION PROGRAMS, & EDUCATIONAL FACILITIES THAT YOU HAVE ATTENDED.

NAME OF TRAINING/CERTIFICATION PROGRAM OR EDUCATIONAL INSTITUTION	CERTIFICATE OR DEGREE RECEIVED	DATE THAT YOU RECEIVED YOUR CERTIFICATION OR DEGREE

PLEASE ANSWER THE NEXT SET OF QUESTIONS TO THE BEST OF YOUR ABILITY.

1. What elements of your current position at CSFCO do you find most difficult/least difficult?

2. Briefly describe why CSFCO Management should consider your application for candidacy as a participant in the CSFCO Training Program that you have selected.

3. What element of your job interests you the most, and the least?

4. What do you consider to be your most important objectives and tasks in order to improve your performance in your current position within the next year?

~Continue to Page 2~

5. What sort of training/experiences would benefit you in the next year? Not just job skills - also your natural strengths and personal skills that you would like to develop?

--

**REFERENCES \* PLEASE LIST A MINIMUM OF TWO (2) REFERENCES**

NAME:	PHONE:
ADDRESS:	CITY:                      ST:                      ZIP:
NAME:	PHONE:
ADDRESS:	CITY:                      ST:                      ZIP:
NAME:	PHONE:
ADDRESS:	CITY:                      ST:                      ZIP:

**~PLEASE READ THE BELOW ACKNOWLEDGE & AGREEMENT CAREFULLY ~**

I certify that my answers are true and complete to the best of my knowledge and understand that falsification or misrepresentation of any of the information this application or during my interview, should I be granted one, is grounds for my termination of participation in the CSFCO training program. I understand that signing below is an acknowledgement of my consent. In consideration of my participation, I agree to conform to all rules and regulations of CSFCO employee handbook. **Should my employment with CSFCO be terminated whether voluntary or involuntary, I acknowledge and agree that I will be held responsible for any fees, training costs, or expenses accrued on my behalf that are directly related to my participation as a trainee in the CSFCO training program.** I certify by my signature below, that I have read, understand and agree with the above.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**THIS APPLICATION IS USED FOR THE PURPOSES OF CONSIDERATION FOR CANDIDACY INTO THE CSFCO TRAINING PROGRAM. ONCE YOU HAVE COMPLETED & SIGNED THIS APPLICATION, PLEASE SUBMIT YOUR APPLICATION TO YOUR CSFCO HR REPRESENTATIVE OR YOU MAY EMAIL YOUR APPLICATION TO [training@csfco.com](mailto:training@csfco.com).**