



Date: _____

Please answer all questions. Resumes are not a substitute for a completed application.

Name: _____
Last First Middle Maiden

Present Address: _____
Street / Apt. / City / State / Zip

Email address: _____

Telephone: _____ Age (if under 18): _____

Position applied for: _____ Desired salary/hourly rate: _____

Referred by: _____

Employment desired: ☐ Full time ☐ Part Time Willing to work overtime? ☐ Yes ☐ No

Date available to start? _____ Have you ever been employed by this Company? ☐ Yes ☐ No

Education	School Name / Location	No. of Years completed	Graduate	Degree/Major
High School				
College				
Bus./Tech./Trade or Post College				

ARMED FORCES EXPERIENCE

Have you ever been in the armed forces? ☐ Yes ☐ No Military Branch/Rank _____

Have you ever been arrested, cited, or charged with any criminal violation? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No State of Issue _____ Expiration Date ____/____/____

Employer

Name **Address** **Phone Number**

Dates Employed From: ____/____/____ To: ____/____/____ Last Job Title: _____

Supervisor's Name _____ May we contact? ☐ Yes ☐ No

If No, why not? _____

Reason for Leaving _____

List of jobs held, duties performed, skills used, advancements or promotions while at this company.

Employer

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List of jobs held, duties performed, skills used, advancements or promotions while at this company.

Please explain fully all gaps in your employment history in excess of one month. _____

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REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY/CITY, ST	WORK RELATIONSHIP (i.e., supervisor/co-worker)	TELEPHONE

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____
Address _____ Phone Number _____

This company is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company may terminate the employment relationship at any time, for any reason, with or without cause or notice. I understand that Crown Construction has a drug-free workplace and may establish a drug/alcohol testing program consistent with applicable federal, state, and local law. I agree to work under the conditions requiring a drug-free workplace. I certify that all the information on this application is complete and accurate to the best of my knowledge.

Signature

Date ____/____/____