



Please download and open in Adobe (Will not be able to submit in web browser!)

Employment Application

Applicant Information

Full Name:						Date:				
<i>Last</i>				<i>First</i>		<i>M.I.</i>				
Address:										
<i>Street Address</i>						<i>Apartment/Unit #</i>				
<i>City</i>						<i>State</i>		<i>ZIP Code</i>		
Phone:				E-mail Address:						
Date Available:			Drivers License #:			Social Sec. #				
Position Applied for:				Desired Salary:		\$				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?						
Have you ever been convicted of a felony? <i>(this will not automatically bar employment)</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>							
If yes, explain:										

Education

High School:			Address:							
Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					
College:			Address:							
Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					
Other:			Address:							
Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					

References

Please list three professional references.

Full Name:			Relationship:							
Company:					Phone:					
Address:										
Full Name:			Relationship:							
Company:					Phone:					
Address:										
Full Name:			Relationship:							
Company:					Phone:					
Address:										

Previous Employment

Company:				Phone:					
Address:				Supervisor:					

Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Company:		Phone:			
Address:		Supervisor:			
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Company:		Phone:			
Address:		Supervisor:			
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Military Service					
Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					
Disclaimer and Signature					
<p><i>I certify that my answers are true and complete to the best of my knowledge.</i></p> <p><i>I authorize CraneWerks to verify information regarding employment, education, credit history and driving record.</i></p> <p><i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i></p> <p><i>I understand that employment at CraneWerks, Inc. is employment at-will. Employment at-will may be terminated at the will of either me or the Company. Employment may be terminated with or without cause at any time by me or by the Company.</i></p>					
Signature:				Date:	

By typing your name you are digitally submitting your signature

Equal Employment Opportunity Statement

CraneWerks recruits, hires, trains, assigns personnel, promotes and compensates employees without regard to race, color, religion, national origin, age, sex, marital status, disability or sexual orientation. All employment decisions at CraneWerks are made on the basis of merit and job requirements.