APPLICATION for EMPLOYMENT

Crocker Architectural
SHEET METAL CO., INC.

> 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 Company.

Position applied for_____ Date of application _____

Name_____ Social Security # (optional) _____-_____-_____

      First   Middle   Last

Address_____
      Street   City   State   Zip Code

Telephone# (_____)_____ Cell # (_____)_____ E-Mail Address_____

Referral Source (How did you hear about us?)_____

If you are under 18 can you furnish a work permit? _____ yes _____ no
If no, please explain_____

Have you ever been employed here before? _____ yes _____ no   If yes, give date _____

Do any of your friends or relatives work here?_____ yes _____ no

Are you legally eligible for employment in this country? _____ yes _____ no

Date available for work _____/_____/_____   What is your desired salary range? $_____

Type of employment desired: ____Full-Time   ____Part-Time   ____Temporary   ____Seasonal

Driver's license number if driving may be required in position for which you are applying_____ State_____

Can you travel if a job requires it? _____ yes _____ no

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ yes _____ no

If **yes**, please provide date(s) and details_____
_____

Are you currently employed? _____ yes_____ no

EMPLOYMENT HISTORY   Starting with your most recent employer, provide the following information

Employer_____Telephone #_____ Dates employed: _____to_____

Street address_____ City_____ State_____ Wage:_____

Immediate supervisor and title _____May we contact for reference? _____ yes _____ no

Why did you leave? _____

Summarize the type of work performed and job responsibilities:_____
_____

What did you liked the most about your position?_____

What were the things you liked the least about the position?_____

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SKILLS AND QUALIFICATIONS
Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

_____

_____

_____

_____

EDUCATIONAL BACKGROUND
Starting with your most recent school attended, provide the following information:

School (include City/State)	Years Completed	Completed	Diploma Degree	Course of study
		___Diploma ___GED ___Degree_____ ___Certification_____ ___Other_____		
		___Diploma ___GED ___Degree_____ ___Certification_____ ___Other_____		
		___Diploma ___GED ___Degree_____ ___Certification_____ ___Other_____		

REFERENCES
*List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three schools or personal references who are **not** related to you.*

Name	Title	Relationship to you	Telephone	Number of Years Known

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment should inquire as whether or not applications are being accepted at this time.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or 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 supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States of America and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

<u>**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**</u>

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

I hereby give my permission to release information concerning myself to Crocker Architectural Sheet Metal Co. Inc. and release the reference giver from all liability associated with this information.

Signature of Applicant_____ **Date** _____/_____/_____