

CRENSHAW

Application for Employment

Candidate's Name: _____ Date: _____

Address: _____

Telephone Number: _____ Email Address: _____@_____

Are you 18 years of age or older?

Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes No

Do you have a driver's license?

Yes No

Have you ever worked or attended school under another name? If so, under what name?

Have you ever been convicted of a crime? * Yes No

If yes, give details, including date(s): _____

** Answering "yes" will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by law.*

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Annually

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: Weekends
 Holidays
 Nights
 Overtime

Have you previously applied to Crenshaw Lighting? Yes No If yes, when _____

Have you previously worked for Crenshaw Lighting? Yes No

Dates of employment with Crenshaw Lighting: from _____ to _____

Reason(s) for leaving: _____

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Education

High School:	Graduated? __Yes __No	Course of Study:	Date of Completion:
Technical School:	Graduated? __Yes __No	Course of Study:	Date of Completion:
College/University:	Graduated? __Yes __No	Course of Study:	Date of Completion:
Post-Graduate Education:	Graduated? __Yes __No	Course of Study:	Date of Completion:
Other education, training, special skills, software programs:			

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer: _____ **Address:** _____

From: _____ To: _____ Position Held: _____ Reason for Leaving: _____

Supervisor's Name & Title: _____ May we contact: __Yes__No

Phone # _____ Fax # _____

Description of Duties: _____

Starting Compensation: _____ Ending Compensation: _____

Employer: _____ **Address:** _____

From: _____ To: _____ Position Held: _____ Reason for Leaving: _____

Supervisor's Name & Title: _____ May we contact: __Yes__No

Phone # _____ Fax # _____

Description of Duties: _____

Starting Compensation: _____ Ending Compensation: _____

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Employer: _____ **Address:** _____

From: _____ **To:** _____ **Position Held:** _____ **Reason for Leaving:** _____

Supervisor's Name & Title: _____ **May we contact:** Yes No

Phone # _____ **Fax #** _____

Description of Duties: _____

Starting Compensation: _____ **Ending Compensation:** _____

Professional References

Identify three persons who know your work, beginning with the most recent.

Name: _____ **Phone Number:** _____ **Email:** _____

Address: _____ **City, State, Zip:** _____

Relationship: _____ **Position or Title:** _____ **Years Known:** _____

Name: _____ **Phone Number:** _____ **Email:** _____

Address: _____ **City, State, Zip:** _____

Relationship: _____ **Position or Title:** _____ **Years Known:** _____

Name: _____ **Phone Number:** _____ **Email:** _____

Address: _____ **City, State, Zip:** _____

Relationship: _____ **Position or Title:** _____ **Years Known:** _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature

Date

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Authorization to Perform a Background Check

I hereby authorize Crenshaw Lighting and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: current and previous residences; employment history, educational background, and character references; civil and criminal history records from any criminal justice agency in any or all federal, state, and county jurisdictions; driving records, birth records, credit checks and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Crenshaw Lighting or its agents.

I hereby release Crenshaw Lighting and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Candidate's Signature

Date

Candidate's Full Legal Name: _____

Candidate's Current Address: _____

Social Security #: _____

Driver's License #: _____ State of Issue: _____