

A Better Crawl, Inc.

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Part 1: General Information

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____

Email _____ Telephone _____

Social Security # _____ Birthdate _____ / _____ / _____

(Month / Day / Year)

Position applied for _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?
(You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Part 2: Additional Information

Do you have a valid Washington State Driver's License? Yes No

If you answered "No", do you have a driver's license from another state? Yes No

What is your means of transportation to work? _____

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

Expiration Date: _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any driving violations (tickets) during the past three years? _____ How Many? _____

Previous Address(es)

Street Address _____

City _____ State _____ Zip _____

Street Address _____

City _____ State _____ Zip _____

Street Address _____

City _____ State _____ Zip _____

Part 3: Education and Training

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Part 4: Complete Employment History (Start with most recent employer. Please include **ALL** previous employment. Attach additional page if necessary)

Company Name _____

Address _____

City/State/Zip _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____
City/State/Zip _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____
City/State/Zip _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____
City/State/Zip _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____
City/State/Zip _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____

Reason for leaving _____

Part 5: Date and Signature – To be accepted you must sign and date this application

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered employment by the employer.

I understand that the company may verify the information that I have provided on this application, on related papers, and in interviews. I authorize all individuals, schools and employers listed on the application to provide any information requested about me, and I release them from all liability for damages in providing this information. I further authorize the company to do a pre-employment background check and I release the company and vendor providing the background check information from all liability for damages in providing this information. For the purpose of obtaining a background check, my DOB is included on page 1 of this form.

I understand that false, untruthful or misleading answers are cause for the rejection of this application and/or refusal for employment to be offered and if employed, a cause for dismissal.

Signature _____ Date ____/____/____
(Month/Day/Year)

Written Name _____

Please provide 2-3 references that we may call:

Name	Phone #	Email address	Relationship
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1.

2.

3.