

# *A Better Crawl, Inc.*

(360) 434-4222 [info@abettercrawlinc.com](mailto:info@abettercrawlinc.com)  
6610 Kitsap Way Ste 101, Bremerton, WA 98312

## 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:**

<b>Name</b>	<b>Phone #</b>	<b>Email address</b>	<b>Relationship</b>
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1.

2.

3.