

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For

Date of Application

How did you learn about us?

- Advertisement Friend or Family Employment Agency Internet

Last Name First Name Middle Name

Address City State Zip

Home Phone Mobile Phone Last Four of Social Security

email

Best time to contact you is

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filled out an application with us before? Yes No
*If Yes, give date:

Have you ever been employed with us before? Yes No
*If Yes, give date:

Do you any of your friends or relatives work here? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
If yes proof of citizenship or immigration status will be required upon employment. Yes No

Are you currently on layoff status and subject to recall? Yes No

Can you travel if the job requires you to do so? Yes No

Date available for work Desired Salary (\$)

Are you available to work: Full Time Part Time Temporary

By answering "Yes" to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account. If applying in Rochester, do not answer this question.
Have you been convicted of a felony? Yes No

*If Yes, give date and details:

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

This questions if not designed to elicit information about an applicants's disability. Please do not provide information about the existence of a disability, particular accommodation or whether necessary. These issues may be addressed at a later stage to the extent permitted by law.

Education

	Name and School Address	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other				

Skills

Check skills that pertain

- | | |
|---|--|
| <input type="checkbox"/> Microsoft Word
<input type="checkbox"/> Microsoft Excel
<input type="checkbox"/> Microsoft Outlook
<input type="checkbox"/> Command Alkon | <input type="checkbox"/> Windows
<input type="checkbox"/> iOS
<input type="checkbox"/> GPS Software
<input type="checkbox"/> Google Docs, Forms, etc. |
|---|--|

Other Skills

Describe any specialized training, apprenticeship, skills and extra curricular activities.

Describe any job related training received in the United States Military.

Summarize special job related skills and qualifications acquired from employment or other experience.

List Professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Employment Experience

Start with your present or last. Include any job related military service or assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

	Dates Employed		Work Performed
	FROM	To	
Employer			
Address			
Telephone Number(s)			
Job Title			
Supervisor			
Reason for Leaving			

	Dates Employed		Work Performed
	FROM	To	
Employer			
Address			
Telephone Number(s)			
Job Title			
Supervisor			
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	Dates Employed		Work Performed
	FROM	To	
Employer			
Address			
Telephone Number(s)			
Job Title			
Supervisor			
Reason for Leaving			

References

Please do not include relatives as references.

Name

Address

Company

Position

Phone Number

email _____

Name

Address

Company

Position

Phone Number

email _____

Name

Address

Company

Position

Phone Number

email _____

Name

Address

Company

Position

Phone Number

email _____

Applicant Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application may be shared with our Affiliated Companies. If you prefer that your application not be shared among our Affiliated Companies check this box.

Signed By

Date

Email to jobs@cranesville.com
Fax: 518-627-9172

WE ARE AN EQUAL OPPORTUNITY EMPLOYER