

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

LAST: _____ FIRST: _____ MIDDLE: _____

PRESENT ADDRESS: _____
STREET CITY STATE

PERMANENT ADDRESS: _____
STREET CITY STATE

PHONE: _____ REFERRRED BY: _____

EMPLOYMENT DESIRED

POSITION: _____ DESIRED START DATE: _____ SALARY DESIRED: _____

IF SO MAY WE CONTACT
 ARE YOU CURRENTLY EMPLOYED: _____ YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED WITH CRAWFORD AND SONS BEFORE? _____ WHEN? _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE SCHOOL	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

FOREIGN LANGUAGES SPOKEN FLUENTLY? _____	READ? _____	WRITE? _____
MILITARY SERVICE: _____	LAST RANK HELD: _____	CURRENT NATIONAL GUARD OR RESERVE STATUS: _____

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONAFIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT _____ FEET ___ INCHES
 CITIZEN OF US ___ YES ___ NO
 WEIGHT _____ LBS
 DATE OF BIRTH _____

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST

FORMER EMPLOYERS

LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE:	SIGNATURE
INTERVIEWED BY:	DO NOT WRITE BELOW THIS LINE
	DATE

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES
APPROVED	1.	2.	3.	
	EMPLOYMENT MANAGER	DEPT. HEAD	GENERAL MANAGER	

THIS FORM HAS BEEN DESIGN TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES. SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOTWITHSTANDING THESE EFFORTS, THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.

NAME: _____ **DATE:** _____

PLEASE INDICATE YOUR EXPERIENCE SKILL LEVEL OR QUALIFICATION BASED ON THE FOLLOWING CRITERIA:

1. MARGINAL/NONE
2. DEVELOPING
3. PROFICIENT
4. ABOVE STANDARD
5. EXCELLENT

BODY REPAIR:

<input type="checkbox"/>	PATCHES, PANEL SECTIONS
<input type="checkbox"/>	PANEL REPLACEMENT
<input type="checkbox"/>	RAIL SECTIONS AND SPLICES
<input type="checkbox"/>	ROOF SECTIONS AND REPLACEMENT
<input type="checkbox"/>	REFRIGERATED BODIES
<input type="checkbox"/>	FRAME REPAIR
<input type="checkbox"/>	COUPLERS

PRODUCT TRAINING: LIST: IE STEMCO, HALDEX, MAXON

WELDING:

<input type="checkbox"/>	ARC
<input type="checkbox"/>	MIG STEEL
<input type="checkbox"/>	MIG STAINLESS STEEL
<input type="checkbox"/>	MIG ALUMINUM

MANAGEMENT/LEADERSHIP EXPERIENCE:

DESCRIBE:

MAINTENANCE AND REPAIR:

<input type="checkbox"/>	PM SERVICE
<input type="checkbox"/>	LIGHTS/ELECTRICAL
<input type="checkbox"/>	AIR BRAKE SYSTEM
<input type="checkbox"/>	BRAKE AND WHEEL
<input type="checkbox"/>	SUSPENSION
<input type="checkbox"/>	SWING DOOR
<input type="checkbox"/>	OVERHEAD DOORS
<input type="checkbox"/>	LIFT GATES

CERTIFICATIONS:

<input type="checkbox"/>	CDL A/B
<input type="checkbox"/>	CDL MEDICAL CARD
<input type="checkbox"/>	INSPECTION LICENSE: TT=TRACTOR TRAIL A=AUTO
<input type="checkbox"/>	WELDING: T=TRAINED C=CERTIFIED
<input type="checkbox"/>	AIR BRAKE: Y/N
<input type="checkbox"/>	ABS BRAKES: Y/N
<input type="checkbox"/>	OTHER
<input type="checkbox"/>	OTHER

CUTTING:

<input type="checkbox"/>	PLASMA
<input type="checkbox"/>	TORCHES
<input type="checkbox"/>	CARBON-ARC

ROAD SERVICE:

<input type="checkbox"/>	TROUBLESHOOTING
<input type="checkbox"/>	NAVIGATING (DRIVING TO AND LOCATING VARIOUS SITES)