



# Crawfordsville Work Force Inc.

## Employment Application

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_ SOCIAL SECURITY NUMBER : \_\_\_ - \_\_\_ - \_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (M.I.)

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

HOME or OTHER PHONE: ( ) - \_\_\_\_\_ CELL PHONE: ( ) - \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE TEXT MESSAGES REGARDING JOB PLACEMENT?

Yes  No

EMAIL ADDRESS (OPTIONAL): \_\_\_\_\_

WHO SHOULD WE CONTACT IN CASE OF EMERGENCY? Relationship? Contact Number?

\_\_\_\_\_  
( ) - \_\_\_\_\_

ARE YOU A U.S. CITIZEN OR DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?

Yes  No

IF YOU ARE UNDER 18 YEARS OF AGE, GIVE DATE OF BIRTH: \_\_\_\_\_

PLEASE CHECK THE TYPE OF WORK YOU ARE INTERESTED IN:

Factory  Clerical  Cleaning  Lawn Care  Other

If other, what type? \_\_\_\_\_

IF REQUIRED, DO YOU HAVE STEEL-TOED SAFETY SHOES?  Yes  No

PLEASE CHECK SHIFTS YOU ARE WILLING AND ABLE TO WORK:

1<sup>st</sup> Shift  2<sup>nd</sup> Shift  3<sup>rd</sup> Shift  Full-Time  Part-Time

ARE YOU FLEXIBLE IN YOUR WORKING SCHEDULE?  Yes  No

ARE YOU WILLING TO WORK WEEKENDS AND/OR OVERTIME?  Yes  No

DEGREE RECEIVED:  Non-Grad  G.E.D.  H.S. Diploma  
 Associates  Bachelors  Masters

**IN YOUR LAST YEAR OF EMPLOYMENT, HOW MANY DAYS DID YOU MISS FOR NON-EXCUSED ABSENCES?**     None     1-5 days     6-10 days     More than 10 days

**HAVE YOU BEEN REPRIMANDED AT YOUR PAST PLACES OF EMPLOYMENT?**  
 Yes     No

If yes, please explain: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY THE COURT?**  
 Yes     No

If yes, please explain: \_\_\_\_\_

**DESIRED HOURLY RATE OF PAY: \$** \_\_\_\_\_

**EMPLOYMENT HISTORY - LAST EMPLOYER FIRST**

Date From/To	Company Name	City, State & Phone	Duties	Reason for Leaving

**PLEASE LIST TWO WORK REFERENCES:**

Company Name	Supervisor	City, State	Contact Number
			( )
			( )

**PLEASE LIST ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS WHICH YOU FEEL SHOULD BE BROUGHT TO OUR ATTENTION:**

\_\_\_\_\_

**PLEASE LIST ANY OFFICE AND/OR WORD PROCESSING EXPERIENCE:**

\_\_\_\_\_

STATEMENTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT IS TRUE AND COMPLETE. I UNDERSTAND ANY FALSE STATEMENTS OR DELIBERATE OMISSION WILL BE SUFFICIENT REASON FOR MY DISMISSAL. I UNDERSTAND ALL INFORMATION FURNISHED MAY BE INVESTIGATED AND HEREBY AUTHORIZE CRAWFORDSVILLE WORK FORCE INC, TO REPRODUCE THIS SIGNED STATEMENT AS MY AUTHORIZATION OF FORMER EMPLOYERS OR OTHER INDIVIDUALS TO GIVE INFORMATION. I HEREBY RELEASE FROM LIABILITY OR DAMAGE THOSE INDIVIDUALS WHO MAY PROVIDE SUCH INFORMATION RELATING TO MY PRIOR RECORD.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_