

CROUSE CONSTRUCTION COMPANY

P.O. BOX 1816 * HARRISON, AR 72602-1816

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www.crouseconstruction.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION		TODAY'S DATE : _____
NAME _____	SOCIAL SEC. # _____	
ADDRESS _____		
CITY, STATE, ZIP _____		
HOME PHONE NUMBER _____	CELL PHONE NUMBER _____	
REFERRED BY _____		

EMPLOYMENT DESIRED	DESIRED: LOCATION : _____
POSITION _____	START DATE: _____
	WAGE: _____
IF THE POSITION REQUIRES TRAVEL, WILL YOU TRAVEL? _____	HOW FAR _____ Miles
ARE YOU EMPLOYED NOW? _____	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____
EVER APPLIED TO THIS COMPANY BEFORE? _____	WHEN? _____

LIST YOUR QUALIFICATIONS FOR THE JOB/POSITION YOU ARE APPLYING FOR.	
Include Years of Experience and Any Other Pertinent Info. (IE License, Certification, Special School/Class)	

EDUCATION		GRADUATED?		AVERAGE
	NAME AND LOCATION OF SCHOOL	YES / NO	MAJOR SUBJECTS	GRADES
HIGH SCHOOL	_____			
COLLEGE/TRADE SCHOOL	_____			

ACTIVITIES: CIVIC, ATHLETIC, ETC. (Exclude organizations: name or character which indicate race, creed, sex ,marital status, age, color, or national origin of its members)

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS		(List The Last Four Employers, Beginning With Present Or Most Recent)			
DATE	MO / YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	WAGE	REASON FOR LEAVING
FROM		Name		\$/Hr	
TO		Address:			
		Supervisor		Hrs/Wk	
FROM		Name		\$/Hr	
TO		Address:			
		Supervisor		Hrs/Wk	
FROM		Name		\$/Hr	
TO		Address:			
		Supervisor		Hrs/Wk	
FROM		Name		\$/Hr	
TO		Address:			
		Supervisor		Hrs/Wk	

REFERENCES (List The Names Of Three Persons Not Related To You, Whom You Have Known at Least 1 Year)			
NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF SO WHAT WAS THE CHARGE _____

IN CASE OF _____

EMERGENCY NOTIFY	NAME	ADDRESS	PHONE NUMBER

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: _____

REMARKS (for office use only)		Project Number #
Called for Interview	_____	Superintendent _____
Absenteeism _____	Work Hours _____	Per. Safety _____ Experience _____
Tardiness _____	Work Days _____	Crew Safety _____ Physical Ability _____
Attitude _____	Travel _____	Climate _____ Valid Drivers License _____
HIRED	WILL REPORT	SALARY WAGES