



APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Are you seeking:

Full Time Part Time

Are you willing to work overtime?

YES NO

Shift Preference:

1st 2nd 3rd

NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

DATE AVAILABLE _____ RELIABLE TRANSPORTATION _____

POSITION APPLIED _____ SALARY REQUIREMENTS _____

HAVE YOU EVER APPLIED WITH CRESCENT PARK BEFORE? IF SO, WHEN?

IN CASE OF EMERGENCY NOTIFY _____

PHONE _____ ARE YOU OVER 18 YEARS OLD? _____

IT IS OUR POLICY TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, OR OTHER PROTECTED CLASSIFICATION.

WORK EXPERIENCE

(Begin with present or most recent employer first. Please fill out completely, even if you provide a resume.)

1	EMPLOYER	TELEPHONE	START DATE	END DATE
	ADDRESS	CITY	STATE	ZIP
POSITION TITLE		SALARY	FULL TIME OR PART TIME	
SUPERVISOR		SUPERVISOR'S TITLE	WORK NUMBER	
SPECIFIC JOB DUTIES				
REASON FOR LEAVING		MAY WE CONTACT FOR REFERENCE?		
2	EMPLOYER	TELEPHONE	START DATE	END DATE
	ADDRESS	CITY	STATE	ZIP
POSITION TITLE		SALARY	FULL TIME OR PART TIME	
SUPERVISOR		SUPERVISOR'S TITLE	WORK NUMBER	
SPECIFIC JOB DUTIES				
REASON FOR LEAVING		MAY WE CONTACT FOR REFERENCE?		
3	EMPLOYER	TELEPHONE	START DATE	END DATE
	ADDRESS	CITY	STATE	ZIP
POSITION TITLE		SALARY	FULL TIME OR PART TIME	
SUPERVISOR		SUPERVISOR'S TITLE	WORK NUMBER	
SPECIFIC JOB DUTIES				
REASON FOR LEAVING		MAY WE CONTACT FOR REFERENCE?		

EDUCATION

NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?	DEGREE RECEIVED	ACADEMIC FIELD

ANY ADDITIONAL TRAINING OR CERTICATIONS RELEVANT TO POSITION YOU HAVE APPLIED FOR:

CITIZENSHIP/MILITARY SERVICE

In accordance with the Immigration Reform and Control Act of 1986, upon acceptance of employment, you will be required to provide proof of your identity and eligibility to work in the United States.

ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS?	YES	NO
HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? IF YES, WHICH BRANCH?	YES	NO
DO YOU HOLD A COMMERCIAL DRIVER'S LICENSE ?	YES	NO

QUALIFICATION VERIFICATION

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACOMMODATION?	YES	NO
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GENERAL INFORMATION

HAVE YOU BEEN DISCIPLINED BY ANY PREVIOUS EMPLOYER FOR PUNCTUALITY OR ATTENDANCE?	YES	NO
HAVE YOU HAD ANY CRIMINAL CONVICTIONS (EXCLUDING TRAFFIC VIOLATIONS)? IF YES, LIST PLACE AND DATES: (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT.)	YES	NO
WOULD ANYTHING PREVENT YOU FROM STARTING A POSITION? IF YES, PLEASE EXPLAIN:	YES	NO
IS THERE ANY ADDITIONAL INFORMATION RELATIVE TO A CHANGE IN NAME OR USE OF ANOTHER NAME NECESSARY FOR US TO VERIFY YOUR REFERENCES?	YES	NO
IF YOU APPLYING FOR A CDL DRIVER POSITION, DO YOU HAVE ANY MOTOR VEHICLE VIOLATIONS?	YES	NO

ATTENTION: PLEASE READ CAREFULLY BEFORE SIGNING

“I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment, education, criminal background, and/or any other pertinent information they may have, personal or work-related, and release the company from all liability for any damage that may result from utilization of such information.

If employed, I understand that I must abide by the company’s rules and regulations. I hereby consent to a pre-employment drug screen and criminal background check as a condition of employment.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. Accordingly, either the company, or I can terminate employment at will, with or without cause, at any time. **In exchange for the Company’s decision to employ me and the Company’s agreement to arbitrate and be bound by the arbitration result, I agree to submit to mandatory arbitration any dispute, claim or controversy arising between myself and the Company concerning any of the following five subjects: a) my discharge from employment; b) my loss of promotion; c) sexual or other harassment; d) failure to accommodate any disability I may have; or e) intentional tort claims.**

Our employment practices are in accordance with the laws which prohibit discrimination based on race, sex, color, marital status, religion, age, physical or mental handicap or disability, national origin, ancestry or veteran status.

My signature below authorizes the release of reference information and affirms all the facts set forth in my application for employment are true and complete. I understand that, if employed, falsified statements on this application may result in immediate termination of employment.”

DATE _____

SIGNATURE _____