

Name of Employer

Start Date

End Date

Address

Starting Wage

Ending Wage

Phone Number

Supervisor's Name

Job Title

Reason For Leaving

Scope of Work Performed:

Name of Employer

Start Date

End Date

Address

Starting Wage

Ending Wage

Phone Number

Supervisor's Name

Job Title

Reason For Leaving

Scope of Work Performed:

Personal References

Please list three references who are not related to you and are not previous employers, and provide their phone numbers. We may contact these individuals for references.

Name

Phone

Name

Phone

Name

Phone

Affirmative Action Voluntary Information

This page is optional. To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or is necessitated by another federal law or regulation. As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete the applicant data survey. Please be advised that this survey is not a part of your official application for employment. It is considered confidential and will not be used in any hiring decision.

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

Full Name

Phone

Address

City, State

Zip

Position(s) applied for:

Date:

Referral Source

Please check one or more of the following equal employment opportunity identification groups:

Black or African American

Hispanic or Latino (white race)

Hispanic or Latino (all other races)

Asian

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

White

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject of the Vietnam era readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals. You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

Vietnam era veteran (served between 1964-1975)

Disabled veteran

Individual with a disability

Other eligible veteran (served active duty in the military during a war or a campaign for which a campaign badge was authorized)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

By signing or typing your name below, you agree to the above statements and affirm that everything on this form is accurate and truthful.

Signature

Date

When completed, please send this form via e-mail or fax. **E-mail:** info@crowconst.com
Fax: (501) 354-6555