The Crate Escape Employment Application

Name:			
Address:	City	State	Zip
Personal Phone:	Work Phone:		
Email Address:	Do you have a valid	d driver's license?	Y / N
Which position are you applying for?			
Which job status are you applying for? Full-time /	Part-time / Temporary		
Start Date:			
What hours/days are you available to work?			
Preferred # of hours per week:	_ Expected hourly income:		
Are you available to work weekends? Y / N	Are you available to work holidays	š A \ N	
What are your short-term goals?			
What are your long-term goals?			
Hobbies or special interests?			
Do you presently have any pets of your own? Y	/ N Describe:		

Are you able to perform the ess	ential functions of the jo	b for which you are applying	g, either w	th or without reasonable
accommodation? Y / N	If no, describe the fund	ctions that cannot be perfor	med:	
Please tell us why you would like	e to work for our compa	ny?		
References: please provide four years and can attest to your go	od character. Please p			known you for several
Name	Occupation	Years Known		Daytime Phone #
2Name	Occupation	Years Known		Daytime Phone #
3				
Name	Occupation	Years Known		Daytime Phone #
4Name	Occupation	Years Known	Daytime Phone #	
Education:				
High School:		From:	To:	Graduated: Y / N
College:		From:	To:	Graduated: Y / N
Other:		From:	To:	Graduated: Y / N
Work Experience: (Start with pre	esent or most recent em	ployer. Provide current and c	accurate d	addresses and phone #'s)
1. Employer:		Position:		
Address:				
Dates of employment from				
Reason(s) for leaving:			Salc	ary:
May we contact this employer i	regarding your characte	er and record of employmen	tś Y /	N

2. Employer:		Position:	
Address:		Phone #:	
Dates of employment from	to	Supervisor:	
Reason(s) for leaving:		Salary:	
May we contact this employer regard	ding your character o	and record of employment? Y / N	
3. Employer:		Position:	
Address:		Phone #:	
Dates of employment from	to	Supervisor:	
Reason(s) for leaving:			
May we contact this employer regard	ding your character o	and record of employment? Y / N	
4 Employer:		Position:	
Address:		Phone #:	
Dates of employment from	to	Supervisor:	
Reason(s) for leaving:		Salary:	_
the fact that the answers given by me any omission (including any misstatem	held any information e are true & correct t nent) of material fac	that might adversely affect my chances o the best of my knowledge and ability. I t on this application or on any document d by this company, terms for my immedia	understand that used to secure can
I understand that if I am employed, m without prior notice, and by either me		definite and can be terminated at any ti	me either with or
I have provided. I authorize the refere professional experiences with them, w	ences I have listed to vithout giving me pric other persons, corpc	of employment, education record, and an disclose any information related to my wo or notice of such disclosure. In addition, I reprations, partnerships & associations from a such examination or revelation.	ork record and my elease the
Applicant's Signature:		Date:	