

# C.CRANE

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172 Main Street, Fortuna, CA 95540-1816 Phone: 707-725-9000 FAX: 725-9060

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Thank you for your interest in C. Crane Company, Inc.

Attached is our application form. Please fill this out in your own handwriting and return to us at your convenience.

Your application will be kept on file for one calendar year, starting in January and ending in December.

When we have an opening, current applications on file are reviewed for possible candidates.

When a candidate is selected, we call them in for an interview. Please do not call and ask about your application. If your qualifications fit the job we have open, we will call you for an interview.

After the first interview, the candidate list is narrowed down and a 2nd interview is scheduled.

After the 2nd interview the remaining candidates will be subject to a background check. At that time they will be asked to fill out and sign "Request, Authorization, Consent and Release for Background Information" form.



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An Equal Opportunity Employer

## Employment Application

Please complete this application in your own handwriting. Do not type.

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Business Telephone ( \_\_\_\_ ) \_\_\_\_\_ Home Telephone ( \_\_\_\_ ) \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street  
\_\_\_\_\_  
City State Zip

Permanent Address (if different from present address)  
\_\_\_\_\_  
No. Street City State Zip

### Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? ..... Yes \_\_\_\_ No \_\_\_\_

Regular part-time work? ..... Yes \_\_\_\_ No \_\_\_\_

Temporary work, e.g., summer or holiday work? ..... Yes \_\_\_\_ No \_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From \_\_\_\_\_ To \_\_\_\_\_

Are you available for work on weekends? ..... Yes \_\_\_\_ No \_\_\_\_

Would you be available to work overtime, if necessary? ..... Yes \_\_\_\_ No \_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for C. Crane Company, Inc. before? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Do have any friends or relatives working for C. Crane Company, Inc.? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state name(s) and relationship \_\_\_\_\_

Why are you applying for work at C. Crane Company, Inc.? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least 18 years old? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If no, describe the functions that cannot be performed \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If so, may we contact your current employer? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

### Education, Training and Experience

School	Name and Address	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School			Yes _____ No _____	
College/ University			Yes _____ No _____	
Vocational/ Business			Yes _____ No _____	
Health Care			Yes _____ No _____	

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which languages \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at C. Crane Company, Inc.?

If so, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Answer the following questions if you are applying for a professional position:**

Are you licensed/certified for the job for which you applied? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Name of license/certification \_\_\_\_\_

Issuing state \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and duties \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and duties \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and duties \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and duties \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Attach additional page(s) if necessary.

### Military Service

Have you obtained any special skills or abilities as the result of service in the military? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
                    No.                    Street                    City                    State                    Zip  
Occupation \_\_\_\_\_  
Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
                    No.                    Street                    City                    State                    Zip  
Occupation \_\_\_\_\_  
Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
                    No.                    Street                    City                    State                    Zip  
Occupation \_\_\_\_\_  
Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_