

Equal Opportunity Employer  
**APPLICATION FOR EMPLOYMENT**

Position(s) Desired: \_\_\_\_\_  
 \_\_\_\_\_

Please note that applications for employment are only considered active for a period of three months. If you have not been employed at the end of three months from the date of this application, it will be necessary for you to file a new application form, if you still wish to be considered for employment.

**PERSONAL DATA**

Name \_\_\_\_\_ Any Other Name Used \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Previous Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_

Are you a citizen of the U.S. or are you otherwise lawfully authorized to work in this country? ( ) YES ( ) NO  
 Every offer of employment is contingent upon the employee completing an employment verification form and showing original documents designated by law to prove identity and right to work.

Are you a former employee? \_\_\_\_\_ If YES, when were you employed here? \_\_\_\_\_

Have you applied for employment with us previously? \_\_\_\_\_ If YES, when \_\_\_\_\_

**Employees may be scheduled to work overtime, nights and/or weekends. If you are not available to work certain hours and/or days, please tell us what periods you are not available and the reason why you are not available. We may be able to accommodate your schedule:**

**EDUCATIONAL DATA**

Type of School	Name	Address	From	To	Did You Graduate?	Degree
High School			XXXXXXXXXX	XXXXXXXXXX		
College						
Other						

Please list any specific work skills you have and any type of machinery that you can operate, including office equipment: \_\_\_\_\_

List any occupational or professional licenses you hold \_\_\_\_\_

What prompted you to apply here? Paper \_\_\_\_\_ Friend \_\_\_\_\_ Employee \_\_\_\_\_ Other \_\_\_\_\_

Date that you are available to start work \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temp \_\_\_\_\_

<b>WORK HISTORY</b> <b>PAST EMPLOYMENT</b> (List most recent employer first)	<b>DATES</b>	<b>WHAT DID YOU DO?</b>	<b>REASON FOR LEAVING</b>
Name of Employer:  Address:  Phone Number:  Supervisor:	From:   To:		
Name of Employer:  Address:  Phone Number:  Supervisor:	From:   To:		
Name of Employer:  Address:  Phone Number:  Supervisor:	From:   To:		

May we contact the employers listed above? \_\_\_\_\_ If not, please indicate which employers you do not wish us to contact \_\_\_\_\_

Have you ever been convicted of a crime or had adjudication withheld by a court or a military tribunal?  
 YES ( ) NO ( ) IF YES, please describe \_\_\_\_\_

A record of a conviction or adjudication withheld will not necessarily be a bar to employment. Factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Please list any information concerning your previous employment including experience and training not listed above that you feel is pertinent to your application \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS FORM.**

I certify that the answers given by me to the foregoing questions and statements are true and correct without falsifications, omissions, or misleading statements of any kind whatsoever. I agree that the Employer shall not be held liable in any respect if my employment is terminated because of the falsity of statements, inaccuracies or omissions made by me in this application, without regard to either my knowledge of the inaccuracy, omissions or falsity or the length of employment. I authorize previous employers, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me, whether or not it is in their records. I hereby release all companies, schools or persons from all liability for any damage for issuing this information.

If accepted for employment, I understand that I must abide by the rules and policies of the Employer. I understand that I am free to terminate my employment at any time with or without cause and with or without notice. I further understand that the Employer has the same rights as I do to terminate my employment and compensation at any time, with or without notice and with or without cause. I understand that this application does not constitute a contract or an offer to make a contract. I understand that no representative of the Employer has any authority to enter into any agreement with me for employment for any specified period of time; or to make any agreement contrary to the rules and policies of the Employer.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION**  
**IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION**  
**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**[Croom Construction]** may obtain information about you from a consumer reporting agency (CRA) for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employers Choice Online, 8140 2nd Street, Downey, CA 90241 (800) 424-7011, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **Croom Construction** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by **[Croom Construction]** by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Employers Choice Online, 8140 2<sup>nd</sup> Street, Downey, CA 90241 (800) 424-7011**, another outside organization acting on behalf of **[Croom Construction]**, and/or **[Croom Construction]** itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Last Name:	First:	Middle Name:
Alias Names:		
* Social Security #:      —      —	* Date of Birth:      —      — 19      (YEAR OF BIRTH IS VOLUNTARY)	
Drivers' License #:	State of Drivers License	
Current Address:	Home Phone #:	Cellular Phone #:
City / State / Zip code:		
Signature:		Date:

\*PROVIDING YEAR OF BIRTH IS STRICTLY VOLUNTARY. THIS INFORMATION WILL ALLOW ECO TO PROPERLY IDENTIFY YOU IN THE EVENT WE FIND ADVERSE INFORMATION DURING THE COURSE OF A BACKGROUND INVESTIGATION. YOUR INFORMATION WILL NOT BE USED AS HIRING CRITERIA.