CRUM TRUCKING INC EMPLOYMENT APPLICATION

Crum Trucking supports and believes in promoting equal employment opportunities regardless of race, place of origin, ethnic origin, citizenship, creed, sex, age, marital status, family status, or disability.

I understand that any material omission, withholding or misrepresentation with respect to the information may be cause for denial or immediate termination of employment. In connection with this application, I consent to Crum Trucking making its usual enquiries.

Date:	e: Signature:					
General Infor	mation:					
Name:			Social Se	ecurity Number:		
Address:						
Telephone # home:			Telephone # (business)			
Position desired:				Full Time	☐ Part Time ☐	
Date available:		Salary Req	uirement <u>:</u>			
Date of Birth:	R	deferred by:				
lf you are not a ci Yes	itizen of this country,	are you legally a	authorized to	o work here?		
	een convicted of a cri				ted? Yes 🗌 No 🗌	
May we contact y	vou at work? Yes □	No 🗌				
If necessary, the	best time to contact	you at home is?				
Are you covered	by a non-compete aç	greement with an	other comp	any? ☐ Yes ☐ No)	
Education:						
	Name and location	Mo/yr		Degree/Diploma	Major	
High School		from: to:				
College		from: to:				
Other		From:				

To:

Employment History: (List the most resent first. If the employer is a subsidiary, list parent company.)

1)	EmployerAddress:Phone:
	Dates worked from to
	Salary from to
	Supervisor's name and title:
	Reason for leaving:
	Duties:
	May the above employer be contacted? Yes No
2)	Employer
,	Address:
	Phone:
	Dates worked from to
	Salary from to
	Supervisor's name and title:
	Reason for leaving:
	Duties:
	May the above employer be contacted? Yes ☐ No ☐
3)	
	Address:
	Phone:
	Dates worked from to
	Salary from to
	Supervisor's name and title:
	Reason for leaving:
	Duties:
	May the above employer be contacted? Yes No

Personal References:

Name	Title	Relationship to You	Telephone#	Number of Years Known

Reference Release Form

Applicant's name:								
Former employer:								
Social Security #: Dates employed:								
Or Dates attending educational in	Or Dates attending educational institution:							
The above named applicant is be employer or educational institut Information provided will be tre Batesville, IN 47006 or by fax to	e. We would appated in confidence	oreciate your ve e. Please return	rification and comp this form by mailir	oletion of this for	m at your earli	iest convenience.		
		Applicant's	Authorization					
I consent to and authorize the a concerning me, including educate and reason for separation of eminformation given is to be used named former employer, and it defamation, interference with confrom any reference information papers. Applicant's signature:	tion, achievement ployment, relating for the purpose ts agents and en ontract, or prospe provided pursuant	ts, wage history g to my employ of determining mployees, from ctive economic t to this authoriz	performance, atter ment with the form my acceptability f all liability for da advantage and negl ation or any attemp	ndance, personal ner employer. It is for employment. amages or claim ligence. I have on ts to comply with	history, discipli is expressly und I also hereby r s, including bu may have whi this informatio	inary information derstood that any release the above at not limited to ach arise or result		
		Record of	Employment					
osition held: Dates employed:								
Summary of essential duties:								
Reason for leaving:								
Salary at termination:		Eli	gible for rehire?	_YesNo				
Please rate the following: Job Knowledge Accuracy Productivity Dependability Attendance Overall Performance	Excellent	Good	Average	Fair	Poor			

Authorization for Release of Information

In connection with my application for employment (including contract for services), I authorized **Third Eye Investigations** to solicit information about my background including, but not limited to, information about my employment, education, consumer credit history, worker's compensation claims history, driving record, criminal record, and general public records history.

I also authorize the procurement of any investigative consumer report. I understand that such an investigative consumer report may contain information about my back ground, my mode of living, character and personal reputation; and that I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I request this information in writing.

		all entities and their employees providing ne release of any such information reports.			
Signature:	Date:				
(Complete	e the following information and prin	t legibly in black ink)			
Last Name	First Name	Middle Name			
Date of birth:	Social Security Number	·			
Driver's License Number:	State Iss	uance of Driver's License:			
Sex:	Race:	<u></u>			
Current phone Number (Please includ	e area code):				
Have you ever been convicted of a fel	ony?Yes	No			
Have you ever been convicted of a mi	sdemeanor?Yes	No			
If yes to the above, please specify the	charge/conviction				
If yes to the above, please specify the	city, county, and the state of convid	ction			
List addresses for the last seven yea l example, 1955 S. Telluride Street, Apt List Current First :	,	dence, how long, and list current first). For onths			
1	County	How long?			
1	County	How long?			
1	County	How long?			
1	County	How long?			
1	County	How long?			
1	County	How long?			

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