

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: _____ Signature: _____

General Information:

Name: _____ Social Security Number: _____

Address: _____

Telephone # home: _____ Telephone # (business) _____

Position desired: _____ Full Time Part Time

Date available: _____ Salary Requirement: _____

Date of Birth: _____ Referred by: _____

If you are not a citizen of this country, are you legally authorized to work here?
 Yes No

Have you ever been convicted of a criminal offence for which a pardon was not granted? Yes No
 If yes, explain: _____

May we contact you at work? Yes No

If necessary, the best time to contact you at home is? _____

Are you covered by a non-compete agreement with another company? 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 recent first. If the employer is a subsidiary, list parent company.)

1) 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

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) 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

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 institution: _____

The above named applicant is being considered for employment with Crum Trucking, Inc. and has listed your organization as a former employer or educational institute. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form by mailing it to Crum Trucking, Inc. 1694 Lammers Pike, Batesville, IN 47006 or by fax to 812-932-4364. Thank you for your assistance.

Applicant's Authorization

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including education, achievements, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence. I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's signature: _____ Date: _____

Record of Employment

Position held: _____ Dates employed: _____

Summary of essential duties: _____

Reason for leaving: _____

Salary at termination: _____ Eligible for rehire? ___ Yes ___ No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comment: _____

Signature: _____ Title: _____ Date: _____

