

# Application for Employment



We are an equal opportunity employer, dedicated to a policy of non-discrimination. Employment is based upon qualification, without regard to race, sex, sexual orientation, religion, marital status, color, age or national origin. We will make every effort to place the handicapped in suitable positions.

**PLEASE COMPLETE ALL INFORMATION EVEN IF INCLUDED IN YOUR RESUME.**

**PERSONAL DATA (Please type or print)**

Last Name	First Name	Middle Initial	Age (If under 18:)
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Home Phone	Mobile Phone	Email Address
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Present Address	Number/Street	City	State	Zip
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Permanent Address (If different)

How did you hear of us and/or the job you are applying for? Explain	
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**EDUCATION:** Education is a criterion that the company may utilize in determining whether an applicant is qualified.

Name and Location of School	Degree or Certification Received	Course of Study - Major/Minor Subjects	Years Attended
High School (or G.E.D)			
College or University			
Business/Trade/Tech School			
Military Service Schools			

**WORK EXPERIENCE** Please account for all periods of employment. Start with your most recent position and include military service. You may attach a resume to supplement information, but application must be completed in full.

Name of Employer      Address      City      State      Zip

Date Started	Starting Earnings \$	Starting Position	Phone Number
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Date Ended	Present (Last) Earnings \$	Present (Last) Position	May we call you at this number? Yes      No
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Name and Title of Present/Last Supervisor	May we contact this employer prior to any job offer?      Yes      No
	Reason For Leaving

Brief description of your responsibilities (including number of employees you supervised, if applicable)

Name of Employer      Address      City      State      Zip

Date Started	Starting Earnings \$	Starting Position	Phone Number
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Date Ended	Ending Earnings \$	Ending Position	May we contact this employer? Yes      No
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Name and Title of Supervisor	Reason For Leaving
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Brief description of your responsibilities (including number of employees you supervised, if applicable)

Name of Employer      Address      City      State      Zip

Date Started	Starting Earnings \$	Starting Position	Phone Number
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Date Ended	Ending Earnings \$	Ending Position	May we contact this employer? Yes      No
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Name and Title of Supervisor	Reason For Leaving
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Brief description of your responsibilities (including number of employees you supervised, if applicable)

Name of Employer      Address      City      State      Zip

Date Started	Starting Earnings \$	Starting Position	Phone Number
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Date Ended	Ending Earnings \$	Ending Position	May we contact this employer? Yes      No
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Name and Title of Supervisor	Reason For Leaving
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Brief description of your responsibilities (including number of employees you supervised, if applicable)

Please tell us of any special talents, interests, hobbies, or anything you would like us to know. Please include anything that might relate to the position you are applying for.

**BUSINESS REFERENCES**

Name	Phone	Email	Relation
Name	Phone	Email	Relation
Name	Phone	Email	Relation
Name	Phone	Email	Relation

**APPLICANT:** Please read carefully and sign

I affirm that the information provided is true and complete and that I have not withheld any fact(s). Any misrepresentation, falsification, omission, or derogatory information that is discovered may prevent my being hired, or if hired, may subject me to disciplinary action, up to and including immediate employment dismissal.

I authorize the Randolph Craft LLC company or its agents to investigate and verify all statements and information contained in this application that they may deem relevant to evaluating my qualifications for employment. I authorize all my previous employers or other persons having information concerning me or my record of employment to report such information. I release each such person, employer or its agents from all claims and liability whatsoever arising out of such an investigation and disclosure of my background.

I have read, understand, and agree to the above.

Authorized Signature of Applicant

Date

**SOLICITANTE:** Lea par favor con cuidado y firme

Afirmo que la informaci6n proporcionada es verdad y complete y que yo no he retenido ning(m hecho (hechos). Cualquier tergiversaci6n, la falsificaci6n, la omisi6n o informaci6n despectiva que es descubierto puede prevenir mi ser empleado, o si empleado, me puede sujetar a la acci6n disciplinaria, hasta e inclusive despido inmediato de empleo

Autorizo la compaliia de Randolph Craft LLC. o a sus agentes a realizar una investigaci6n y la comprobaci6n de todas declaraciones y la informaci6n contenidas en esta aplicaci6n que ellos pueden creer pertinente a evaluar mis requisitos para el empleo. Autorizo todos mis empleadores anteriores o a otras personas que tienen informaci6n con respecto a mi o con respecto a mi registro de empleo para informar tal informaci6n. Suelto a cada tal persona, el empleador o sus agentes de todos reclamos y la obligaci6n que todo lo que surgiendo fuera de tal investigaci6n y revelaci6n de mi fondo.

He leído, he comprendido y he aceptado el arriba.

La firma de la autorizaci6n de solicitante

Fecha

