

CRANDON LAKES

EMPLOYMENT APPLICATION

Pre-Employment Questionnaire — Equal Opportunity Employer

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	DATE
STREET ADDRESS			BIRTHDATE
CITY, STATE, ZIP			HOME PHONE
EMAIL ADDRESS			CELL PHONE
POSITION DESIRED			SOCIAL SECURITY NUMBER
HOW DID YOU LEARN ABOUT THIS POSITION?			DATE AVAILABLE
IF YOU ARE IN A POSITION INVOLVING EVENING OR WEEKEND WORK, ARE YOU AVAILABLE?			Y N
IF NOT, WHAT HOURS CAN YOU WORK? _____			

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YRS. ATTENDED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH SCHOOL					
COLLEGE					
GRADUATE					

GENERAL

PLEASE LIST ANY CERTIFICATIONS HELD _____

EMPLOYMENT

FORMER EMPLOYERS — *(list below last three employers, starting with the last one first)*

COMPANY NAME	PHONE
ADDRESS	EMPLOYED — (MONTH/YEAR)
NAME OF SUPERVISOR	STARTING — ENDING SALARY
JOB TITLE AND RESPONSIBILITIES	REASON FOR LEAVING

FORMER EMPLOYERS — (... continued)

EMPLOYMENT

COMPANY NAME	PHONE
ADDRESS	EMPLOYED — (MONTH/YEAR)
NAME OF SUPERVISOR	STARTING — ENDING SALARY
JOB TITLE AND RESPONSIBILITIES	REASON FOR LEAVING

COMPANY NAME	PHONE
ADDRESS	EMPLOYED — (MONTH/YEAR)
NAME OF SUPERVISOR	STARTING — ENDING SALARY
JOB TITLE AND RESPONSIBILITIES	REASON FOR LEAVING

PLEASE LIST THREE PERSONAL REFERENCES.

REFERENCES

NAME	PHONE
ADDRESS	RELATION
NAME	PHONE
ADDRESS	RELATION
NAME	PHONE
ADDRESS	RELATION

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE	DATE
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HIRE DATE	POSITION	OFFICE USE	START DATE	STARTING WAGE
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ON FILE: I-9 FORM CERTIFICATION (if applicable) FINGERPRINTS (if applicable)