

EMPLOYMENT APPLICATION

An equal opportunity employer

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out the application form completely; any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration; if questions are not applicable, enter "NA". Do not leave questions or spaces blank. Resumes will be accepted for whatever additional information they contain, but not in place of a completed application. Be sure to sign the application when it is completed.

Position Applied For	Position Number	Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract		Date		
Salary Expected	Date Available	Are you willing to work hours other than 8-5? If yes, when?				
Name of Applicant (Last) (First) Middle Maiden		Social Security Number				
Current Address (Number, Street, City, State, ZIP)		Residence Telephone Number: (area code and number)	Business Telephone (area code and number)			
			Alternate Phone Number (area code and number)			
Permanent Address (Number, Street, City, State, ZIP)						
Are you legally entitled to work in the United States?	Have you ever been convicted of or granted deferred adjudication for a felony or misdemeanor?		If yes, describe:			
Education						
High school attended and location:	Dates Attended		Highest Grade successfully completed	Graduate	Type of Diploma or Degree	Major Field of Study
	FROM	TO		YES NO		
College/University attended and location:	FROM	TO	Number of Semester Hours completed	Graduate	Type of Diploma or Degree	Major Field of Study
				YES NO		
Technical/Vocational School attended and location:	FROM	TO	Number of Semester Hours completed	Graduate	Type of Diploma or Degree	Major Field of Study
				YES NO		
Major subjects or areas of specialization						
Current Licenses/Certifications/Registrations (Include types and dates received)						
Foreign Languages you can speak, write, read (list language): 1) 2) 3)						
Military Service (active duty)						
Branch				Dates: From To		
Are you in the Active Reserve? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, what branch:				
<i>(Note: A certified copy of a report of separation from the armed forces may be required)</i>						
Special Skills/Qualifications						
Skill/Aptitude	Years Exp.	WPM	List all special skills you possess and software packages, machines or office equipment you can use. This includes adding machines, dictation equipment, printing or graphics equipment, data processing equipment, etc.			

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EMPLOYMENT HISTORY (List present or most recent positions first)							
<i>Employment Record: Please indicate at least the last 10 years of employment. Start with present or most recent position and work back. Include military service. Use additional sheets if necessary.</i>							
Employer				Type of Business		Full-Time	<input type="checkbox"/>
Mailing Address				Starting Position Title		Part-Time	<input type="checkbox"/>
City and State				Present or Last Title		Seasonal	<input type="checkbox"/>
Telephone Number (area code and number)				Immediate Supervisor			
Starting Date		Leaving Date		Starting Base Salary		Ending Base Salary	
Month	Year	Month	Year	\$		\$	
Briefly describe your duties and responsibilities:							
Explain reason for leaving:							
Employer				Type of Business		Full-Time	<input type="checkbox"/>
Mailing Address				Starting Position Title		Part-Time	<input type="checkbox"/>
City and State				Present or Last Title		Seasonal	<input type="checkbox"/>
Telephone Number (area code and number)				Immediate Supervisor			
Starting Date		Leaving Date		Starting Base Salary		Ending Base Salary	
Month	Year	Month	Year	\$		\$	
Briefly describe your duties and responsibilities:							
Explain reason for leaving:							
Employer				Type of Business		Full-Time	<input type="checkbox"/>
Mailing Address				Starting Position Title		Part-Time	<input type="checkbox"/>
City and State				Present or Last Title		Seasonal	<input type="checkbox"/>
Telephone Number (area code and number)				Immediate Supervisor			
Starting Date		Leaving Date		Starting Base Salary		Ending Base Salary	
Month	Year	Month	Year	\$		\$	
Briefly describe your duties and responsibilities:							
Explain reason for leaving:							
May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Please Read Carefully							

I have read this application carefully. The information I have given in it is true and correct to the best of my knowledge and belief. I understand that omitting or misrepresenting information could result in failure to consider this application. I also understand that if I am hired and omissions or misrepresentations later come to light, I could be immediately dismissed.

I authorize DavCrane, Inc. to verify the statements I have made (except where I have indicated not to check with my current employer). I understand that DavCrane, Inc. is an at will employer, which means that employment may be terminated at any time with or without cause I understand that no representative of the DavCrane, Inc. has the authority to promise me employment for a specified period of time or to waive DavCranes' status as an at will employer.

Signature of Applicant

Date