The Crafted Kup

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

_		-						
Last name			First name		Middle name			
Street Ac	ddress							
City			State	ZIP			_	
Telephor	ne	Cel	1	E-Mail				
Position	applied for							
How did	you hear of th	nis opening?_						
When ca	n you start?_		De	esired Wage \$				
•		or otherwise acumentation.)		work in the U.S. (on an u	nrestrict	ed basis? (Y	ou may be
Are you	looking for fu	ll-time emplo	yment? 🗖 Ye	s 🗖 No				
What ho	urs are you av	ailable?						
	Sunday	Monday	Tuesday	Wednesday	Thur	sday	Friday	Saturday
AM								
MID								
MID PM								
PM	a ever been co	onvicted of a fe	elony? (This v	will not necessaril	y affec	et your a	oplication.)	☐ Yes ☐ N
PM Have you			•	will not necessaril	•			☐ Yes ☐ î
PM Have you			•		•			☐ Yes ☐ î
PM Have you	ease describe		•		•			☐ Yes ☐ î
PM Have you If yes, pl	ease describe				•			Yes I
PM Have you If yes, pl	ease describe on School	conditions	cation					☐ Yes ☐ N
PM Have you If yes, pl Education	ease describe on School nool	conditions	cation					Yes I
PM Have you If yes, pl Education High Sch College	on School	conditions	cation					Yes In
Have you If yes, pl Education High Sch College	on School	Name and Loc	cation					Yes In
PM Have you If yes, pl Education High Sch College _ College _ Post-Col	on School nool lege	Name and Loc	cation		Year			Yes In

Employment History	(Start with most recent employer)
Company Name	Location
Email Address	Telephone
Date Started	_ Date Ended
Name of Supervisor	May we contact? \square Yes \square No
Responsibilities	
Reason for leaving	
Company Name	Location
Email Address	Telephone
Date Started	Date Ended
Name of Supervisor	May we contact? ☐ Yes ☐ No
Responsibilities	
Reason for leaving	
Company Name	Location
Email Address	Telephone
Date Started	Date Ended
Name of Supervisor	May we contact? ☐ Yes ☐ No
Responsibilities	
Reason for leaving	
Attach additional informa	tion if necessary.
knowledge. I understand t	forth in this application for employment are true and complete to the best of my that if I am employed, false statements on this application shall be considered sal. This company is hereby authorized to make any investigations of my prior ent history.
terminate the employment prohibited by statute. All	nent at this company is "at will," which means that either I or this company can trelationship at any time, with or without prior notice, and for any reason not employment is continued on that basis. I understand that no supervisor, manager, o, other than the president, has any authority to alter the foregoing.
Signature	Date