

## **Job Application (Please Print Clearly)**

Crown Automotive is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out the sections below:

Applicant Information	
Applicant Name:	
Address:	
City, State, Zip:	
Phone Number: _()	
Date of Birth:/	
Social Security Number:/	
Driver License Number:	State Issued In
Email:	
Emergency Contact: Name Phone	
Employment Position	
Position Applying for:	
How did you hear about this position?	
What days are you available to work?	Su M Tu W Th F Sa
What hours or shifts are you available to work?	
If needed, are you available to work overtime?	Yes No
On what date are you available to start work if you are hired?	
Do you have reliable transportation to and from work?	Yes No
Salary desired:	

# **Personal Information**

	Do you have any friends, relatives, or acquaintances working for Crown Automotive? No		Yes
	If yes, state name and relationship:		
	Are you 18 years of age or older?	Yes	No
	Are you a U.S. Citizen or approved to work in the United States?	Yes	No
	Can you provide documentation as proof of citizenship or legal status?	Yes	No
	Do you have a current Passport	Yes	No
	Will you consent to a mandatory controlled substance test?	Yes	No
	Do you have any condition which would require job accommodations?	Yes	No
	If yes, please describe:		
	Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	No
	If yes, please state the nature of the crime(s), when and where convicted, and disposit	ion of th	ne case:
	(Note: No applicant will be denied employment solely on the grounds of conviction of offense. The date of the offense, the nature of the offense, including any significant de the description of the event, and the surrounding circumstances and the relevance of the position(s) applied for may, however, be considered.)	etails tha	at affect
Job S	kills / Qualifications		
	Please list below the skills and qualifications you possess for the position for which you	ı are apı	plying:

## **Education and Training**

### **High School**

Name	Location (City, State)	Year Graduated	Degree Earned

## College / University

Name	Location (City, State)	Year Graduated	Degree Earned

## Vocational School / Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

## **Military**

Are you a member of the armed services?

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

## **Previous Employment**

Employer Name:	 	
Job Title:		
Supervisor Name:		
Employer Address:		
City, State, Zip:		

Employer Telephone:	 	 
Dates Employed:	 	 
Reason for Leaving:	 	 
Employer Name:		
Job Title:		
Supervisor Name:	 	 
Employer Address:		
City, State, Zip:	 	 
Employer Telephone:		
Dates Employed:		
Reason for Leaving:		
Employer Name:		
Job Title:	 	
Supervisor Name:	 	 
Employer Address:	 	 
City, State, Zip:	 	
Employer Telephone:	 	 
Dates Employed:	 	 
Reason for Leaving:	 	 

#### References

Please provide 2 personal and professional references below:

Reference Name	Contact Information

### At-Will Employment

The relationship between you and Crown Automotive is referred to as "employment at-will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Crown Automotive. No representative of Crown Automotive has authority to enter into any agreement contrary to foregoing the "employment at-will" relationship. You understand that your employment is "at-will," and that you acknowledge that no oral or written statements or representations

regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Chief of Operations Officer or the Company's President.				
Applicant Signature:	Date:			