

**AN EQUAL OPPORTUNITY EMPLOYER**  
**CRAL**  
**CONTRACTING, INC.**

**EMPLOYMENT APPLICATION**

In conformity with applicable laws, **CRAL** is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, sexual orientation, citizenship status, or disability.

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
Number & Street City State Zip

3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Telephone Number with Area Code: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

5. Position applied for: \_\_\_\_\_

**Category applied for:**

- Regular full time     Regular part time     Temporary full time     Temporary part time

**Availability:**

- Weekdays     Weekends     Evenings     Nights     Overtime

**Eligibility for Demolition/Abatement Work:** Are you at least 18 years of age?  Yes     No

6. Were you referred to us by a current **CRAL** employee?  Yes     No

If yes, who? \_\_\_\_\_

7. Salary Expected: \$ \_\_\_\_\_ Date Available: \_\_\_\_\_

8. Have you worked for **CRAL** before?  Yes     No

If yes, list dates, Company/Operation, and position: \_\_\_\_\_

9. Have you applied for employment with **CRAL** before?     No     Yes (Date \_\_\_\_\_)

10. **Education:** *(Only Job-related Education will be Considered)*

Name & Location of School	Circle Last Year Completed	Did you Graduate or Equivalent	Major Course Degree Received
Elementary _____	1 2 3 4 5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
High School _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade/Business School _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

11. List any special experiences, qualifications or skills you have that you believe would help you do the job applied for:

---

---

12. List any licenses or certificates you have that you believe would help you do the job applied for:

*(List Licensing Authority, License Number, and Date of License for each)*

---

---

13. List any experience you have in operating business or industrial equipment you believe would be useful in the job applied for:

---

---

14. If required for the job you are seeking, do you type?  Yes  No or take shorthand?  Yes  No

Approximate speed: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_

**15. Prior Employment:**

*(Give the following information for all present and previous employers, beginning with the most recent.)*

Employer	Address	Phone	Supervisor
Dates of Employment	Job Title	Pay Rate	<input type="checkbox"/> Yes <input type="checkbox"/> No Were you disciplined? <small>(warnings, suspensions, discharges)</small>
Reason for Leaving			

Employer	Address	Phone	Supervisor
Dates of Employment	Job Title	Pay Rate	<input type="checkbox"/> Yes <input type="checkbox"/> No Were you disciplined? <small>(warnings, suspensions, discharges)</small>
Reason for Leaving			

Employer	Address	Phone	Supervisor
Dates of Employment	Job Title	Pay Rate	<input type="checkbox"/> Yes <input type="checkbox"/> No Were you disciplined? <small>(warnings, suspensions, discharges)</small>
Reason for Leaving			

Employer	Address	Phone	Supervisor
Dates of Employment	Job Title	Pay Rate	<input type="checkbox"/> Yes <input type="checkbox"/> No Were you disciplined? <small>(warnings, suspensions, discharges)</small>
Reason for Leaving			

16. If you have had disciplinary problems with any previous employer, please describe the circumstances:

---

---

17. List States and Countries of residence for the past seven years:

---

---

18. Have you used any names or Social Security Numbers other than those listed in questions 1 and 3? If so, please list:

---

---

19. Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding?  Yes  No

If yes, describe when the conviction occurred; the facts and circumstances, and any facts pertaining to rehabilitation. (Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar employment.)

---

---

20. References:

List 2 references other than relatives and previous supervisors:

Name	Address	Phone #	Relationship	Time Known

**Please provide copies of your driver's license, and any other job related documents**

(i.e. Asbestos Certificate, DOSH, OSHA cards, Confined Space, and applicable training certificates).

**INFORMATION FOR APPLICANT**

*(Read Carefully Before Signing)*

1. This application is valid for only thirty (30) days. If you have not been employed within thirty (30) days of your application, you must re-apply for a position.
2. By my signature below, I agree to the following:
  - a. I consent to take any physical examinations, including but not limited to tests for alcohol or drugs, that may be requested by **CRAL** (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans With Disabilities Act. I further authorize any health care professional who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to **CRAL**.
  - b. I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.
  - c. I understand that any employment I might be offered by **CRAL** is at-will and of indefinite duration, and that either I or **CRAL** can terminate that employment at any time with or without notice for any or no reason, and that no agreement to the contrary will be recognized by **CRAL** unless made in writing and signed by the Chief Operating Officer of **CRAL** Management. I understand that satisfactory completion of my probationary period will not change my status as an at-will employee.
  - d. I understand that none of **CRAL**'s practices or policies are to be construed as imposing any binding obligations on the Company, and that they are subject to change or deletion at any time.
  - e. I hereby authorize **CRAL** to obtain from schools, former employers, or other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job which I have applied.

I have read this Employment Application and I fully understand its contents.

---

Name (Please print) Date

---

Name (Signature)

.....

**RELEASE AUTHORIZATION**

I hereby authorize any employer, law enforcement agency, administrator, state agency, institution or private information bureau that has any record or knowledge of workers compensation claims, motor vehicle operation history, or criminal history to provide **CRAL** any such information. A telephonic facsimile (FAX) or a photographic copy of the authorization shall be as valid as the original. Permission is granted for information to be released by any state agency.

According to the Fair Credit Reporting Act, I am entitled to know if insurance or employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. I will also be advised and be given the names of the reporting agency or source of information.

---

Date Signature of Applicant

---

Full Name (Type or Print Legibly)

---

Social Security Number Drivers License Number and State Issued