

C.CRANE

172 Main Street, Fortuna, CA 95540-1816 Phone: 707-725-9000 FAX: 725-9060

Thank you for your interest in C. Crane Company, Inc.

Attached is our application form. Please fill this out in your own handwriting and return to us at your convenience.

Your application will be kept on file for one calendar year, starting in January and ending in December.

When we have an opening, current applications on file are reviewed for possible candidates.

When a candidate is selected, we call them in for an interview. Please do not call and ask about your application. If your qualifications fit the job we have open, we will call you for an interview.

After the first interview, the candidate list is narrowed down and a 2nd interview is scheduled.

After the 2nd interview the remaining candidates will be subject to a background check. At that time they will be asked to fill out and sign "Request, Authorization, Consent and Release for Background Information" form.



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An Equal Opportunity Employer

Employment Application

Please complete this application in your own handwriting. Do not type.

Date _____

Name _____
Last First Middle

Business Telephone (____) _____ Home Telephone (____) _____

Present Address _____
No. Street

City State Zip

Permanent Address (if different from present address)

No. Street City State Zip

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work? Yes ____ No ____

Regular part-time work? Yes ____ No ____

Temporary work, e.g., summer or holiday work? Yes ____ No ____

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From _____ To _____

Are you available for work on weekends? Yes ____ No ____

Would you be available to work overtime, if necessary? Yes ____ No ____

If hired, on what date can you start work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for C. Crane Company, Inc. before? Yes _____ No _____

If yes, when? _____

Do have any friends or relatives working for C. Crane Company, Inc.? Yes _____ No _____

If yes, state name(s) and relationship _____

Why are you applying for work at C. Crane Company, Inc.? _____

If hired, would you have a reliable means of transportation to and from work? Yes _____ No _____

Are you at least 18 years old? Yes _____ No _____
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes _____ No _____

If no, describe the functions that cannot be performed _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed? Yes _____ No _____

If so, may we contact your current employer? Yes _____ No _____

Education, Training and Experience

School	Name and Address	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School			Yes _____ No _____	
College/ University			Yes _____ No _____	
Vocational/ Business			Yes _____ No _____	
Health Care			Yes _____ No _____	

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes _____ No _____

If yes, which languages _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at C. Crane Company, Inc.?

If so, please explain _____

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job for which you applied? Yes _____ No _____

Name of license/certification _____

Issuing state _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes _____ No _____

If yes, state reason(s), date of revocation or suspension and date of reinstatement _____

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone (_____) _____ Your Supervisor's Name _____

Your Position and duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone (_____) _____ Your Supervisor's Name _____

Your Position and duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

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No. Street City State Zip

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Address _____
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Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes _____ No _____

If so, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____
Address _____
 No. Street City State Zip
Occupation _____
Telephone (_____) _____ Number of Years Acquainted _____

Name _____
Address _____
 No. Street City State Zip
Occupation _____
Telephone (_____) _____ Number of Years Acquainted _____

Name _____
Address _____
 No. Street City State Zip
Occupation _____
Telephone (_____) _____ Number of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date _____

Applicant's Signature _____