

# CRAWFISH TOWN USA®

APPLICATION FOR EMPLOYMENT  
THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER

THIS IS A DRUG & ALCOHOL FREE WORKPLACE!

DATE: \_\_\_\_\_

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED! **PLEASE PRINT! USE INK!**

Name: \_\_\_\_\_  
                     First                                      Middle                                      (Maiden)                                      Last

Permanent Address: \_\_\_\_\_  
                                     Number                      Street                                      City                                      State                                      Zip Code

Mailing Address: \_\_\_\_\_  
                                     Number                      Street                                      City                                      State                                      Zip Code

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_) \_\_\_\_\_

Have you filed an application with Crawfish Town USA before? ..... Yes No  
 Have you ever been employed with Crawfish Town USA before? ..... Yes No  
 Are you legally eligible for employment in the United States? ..... Yes No  
 Are you 18 years of age or older? Yes No                      If not, employment is subject to verification of minimum legal age.  
 Name anyone you know presently or previously employed by this company and state your relationship. \_\_\_\_\_  
 Who referred you to us? \_\_\_\_\_

Application for: **(Please Circle)**  
                                     (1.) FULL TIME      PART TIME      (2.) TEMPORARY      PERMANENT

### Availability Chart

Draw a line through the shifts you are **unable** to work

	Sun.	Mon.	Tues.	Wed.	Thurs	Fri.	Sat
DAY SHIFT	9-5	9-5	9-5	9-5	9-5	9-5	9-5
	10-5	10-5	10-5	10-5	10-5	10-5	10-5
	10:30-5:30	10:30-5:30	10:30-5:30	10:30-5:30	10:30-5:30	10:30-5:30	10:30-5:30
EVENING	4-close	4-close	4-close	4-close	4-close	4-close	4-close
SHIFT	5-close	5-close	5-close	5-close	5-close	5-close	5-close
	6-close	6-close	6-close	6-close	6-close	6-close	6-close

Name the position(s) you are applying for: \_\_\_\_\_

What date can you begin working? \_\_\_\_\_

What starting salary do you expect? \_\_\_\_\_

PERSONAL/BUSINESS REFERENCES (DO NOT INCLUDE RELATIVES)

TWO (2) PERSONAL/BUSINESS REFERENCES ARE REQUIRED IF YOU HAVE NO WORK HISTORY.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EDUCATION HISTORY		Did you graduate?	Year(s) Attended	Major/Degree
High School City & State				
College City & State				
Vocational City & State				
Other				

Other educational accomplishments:

Are you presently attending school? \_\_\_\_\_ If, yes what are your hours? \_\_\_\_\_

Please list merits, courses taken, seminars attended, special training or skills you possess:

Do you have any training that would be beneficial to our safety program?

## EMPLOYMENT

CIRCLE THE NAME OF ANY EMPLOYER OR SUPERVISOR WHOM YOU DO NOT WANT CONTACTED AT THIS TIME.

EMPLOYER(PRESENT)			
ADDRESS		SUPERVISOR	
STARTING POSITION	SALARY	LAST POSITION	SALARY
DATES EMPLOYED FROM/TO		PHONE NUMBERS 1. _____ 2. _____	
DUTIES		REASON FOR LEAVING	

EMPLOYER(PREVIOUS)			
ADDRESS		SUPERVISOR	
STARTING POSITION	SALARY	LAST POSITION	SALARY
DATES EMPLOYED FROM/TO		PHONE NUMBERS 1. _____ 2. _____	
DUTIES		REASON FOR LEAVING	

EMPLOYER(PREVIOUS)			
ADDRESS		SUPERVISOR	
STARTING POSITION	SALARY	LAST POSITION	SALARY
DATES EMPLOYED FROM/TO		PHONE NUMBERS 1. _____ 2. _____	
DUTIES		REASON FOR LEAVING	

### IMPORTANT AGREEMENT: PLEASE READ THE FOLLOWING AND SIGN YOUR NAME BELOW.

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions applied for without regard to race, color, religion, sex, national origin, age, veteran's status, disability, citizenship or another legally protected status. I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. In consideration of my employment, I agree to conform to the rules and regulations of Crawfish Town USA®, and hereby state my understanding that my employment and compensation can be terminated, with or without cause and with or without notice, at any time at the option of either the Company or myself. I understand that unless otherwise prohibited by applicable law, I may be required at anytime to submit to a drug and/or alcohol test as a condition of my employment with the Crawfish Town USA®. By accepting employment, I agree to submit to such tests as required by Crawfish Town USA®, all at the Company's expense. I authorize you to make such investigations and inquire of my personal history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Signature  
Of Applicant: \_\_\_\_\_

Date \_\_\_\_\_