

APPLICATION FOR EMPLOYMENT

Name: (Last, First, Middle) _		
Maiden Name:		
Any other names used	within the las	t 10 years:
Present Address:		
Previous Address:		
Other Previous Address:		
Social Security #:		Are you over the age of 18?
If so, please list all offenses of	f which you w	her than a minor traffic accident?ere convicted and the county and state where
at the time of the offense, type	e of offense, re	be a bar to employment. Factors such as age emoteness of the offense in time, and letermining effect on suitability for
EDUCATION:		
College or University:		
Years Attended: From Degree Attained:	To	Year Graduated
High School:		
Address:		
Years Attended: From	То	Year Graduated
Degree Attained:		
Apprenticeships, Training Pro	ograms:	
Other Special Educational Ex	periences:	



WORK EXPERIENCE:

Current or Last Employer:			
Address:			
Phone Number: ()	Superv	sor's Name:	
Position: Dates Employed: Start Date:	Pay Rat	e:	
Dates Employed: Start Date:	*****	End Date:	
May we contact this employer?	YES	NO	
Why did you leave this position?			
Describe your responsibilities:			
Provious Employers			
Previous Employer:			
Address: Phone Number: () Position:	Superv	cor's Name	
Position: Dates Employed: Start Date: May we contact this employer?	Superv	.501 5 Ivallic.	
Dates Employed: Start Date:	I ay Ixat	Fnd Date:	
May we contact this employer?	YES	NO	
Why did you leave this position?	1 25	110	
Describe your responsibilities:			
Describe your responsionness.			
Previous Employer:			
Address:			
Address: Phone Number: () Position:	Superv	sor's Name:	
Position:	Pay Rat	e:	
Position: Dates Employed: Start Date:		End Date:	
May we contact this employer?	YES	NO	
Why did you leave this position?			
Describe your responsibilities:			
Please list all previous employers for	the last 15	years:	
1 1 2			
Have you ever been terminated or as	ked to resig	n from a previous emplo	over?



If so, Why?	
PERSONAL REFERENCES:	
Please list 3 personal references. This	s includes friends, relatives, etc.
Name:	Phone Number:
Address:	Phone Number: Relationship to You:
Number of years known:	
Name:	Phone Number:
	Relationship to You:
Number of years known:	<u> </u>
Name:	Phone Number:
Address:	Relationship to You:
Number of years known:	<u> </u>
	s includes supervisors, associates, etc. Phone Number:
Address:	Relationship to You:
Number of years known:	
Name:	Phone Number:
Address:	Relationship to You:
Number of years known:	
AVAILABILITY:	
	? Mon Tue Wed Thur Fri M (8 am to 5 pm are our normal business hours)
MOTOR VEHICLE HISTORY:	
Driver's License Number:	State Issued:
Any other license numbers:	



Any Traffic Violations:				
Any suspensions or revocations of driving privileges:				
APPLICATION FORM WAIVER				
I understand that in connection with my application for employment with CRRG Inc., ("The Employer"), investigative background inquiries may be made on myself including, but not limited to consumer reports, criminal history information, motor vehicle records, previous employer verifications, education verifications, worker's compensation reports, and other reports. These reports may include information as to my character, work habits, performance and experience, along with reason for termination of past employment.				
I further understand that CRRG Inc., and/or it's authorized agent may be requesting information from various Federal, State, private, insurance, and other agencies concerning my past activities relating to my credit, driving, criminal, civil and other experiences.				
I voluntarily and knowingly authorize each and every present and past employer or supervisor, college, university or other educational institution finance bureau/office, credit bureau; collection agency; private business; personal reference; and other persons to give records of information they may have concerning my credit, criminal history, health character, and employment, or any other information requested by CRRG Inc. or its authorized agent. I understand that if hired, CRRG Inc. may conduct criminal background checks at any time, at their discretion, during my tenure with them.				
I voluntarily, knowingly, and unconditionally release any named or unnamed reporting party from any and all liability resulting from the furnishing of any information to either CRRG Inc. or its authorized agent.				
The purpose of this release form is to notify you that a consumer report will be compiled in the course of consideration for your employment/tenancy. By my signature I am acknowledging that the information I provided is truthful and accurate; that any falsification of this information could be ground for rejection of the application and/or termination of employment at a later date.				

(Today's Date)

(Applicant Signature)



Applicant Information

Full legal name (Last, F	irst, Middle): _				
Social Security Number	:	Date of	Birth ://		
Driver's License Numb	mber: State Issued:				
Maiden Name (If Appli	cable):	-			
Current Address:					
City:	State:	Zip Code:	County:		
Previous Address:					
City:	State:	Zip Code:	County:		

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

DISCLOSURE

In connection with my application for employment with CRRG, INC, and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or investigative consumer report to be generated for employment promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: name and dates of previous/current employment, work experience, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's list, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/patriots act, any sanction lists, FBI finger printing and drug testing. I understand that this report may include information regarding my character, reputation;, personal characteristics and information regarding past and previous employment including reasons for termination and other information gained through personal interviews with associates, supervisors and references.

In compliance with the FCRA and applicable state laws, I understand that I have the right to request additional information regarding the nature and scope of the investigation. Before adverse action is taken, I will be sent a copy of the consumer report along with a copy of my rights under the Fair Credit Report Act. I will be given the opportunity to dispute any incorrect or incomplete information provided on my consumer report. If adverse action is taken based on whole or partly because of information contained in my consumer report, I will receive another notice and be provided additional details regarding my rights as set forth in the FCRA, section 615.

I understand that prior to my employment and at any time after employment commences a consumer report or investigative consumer report may be requested to be used strictly for employment purposes and can be used for employment, promotion, reassignment or retention as an employee.