



Main Office
8610 Route 237
Stafford NY 14143
Ph: 585-345-4141
1-800-225-9991

Pavilion Location
6905 Ellicott St. Rd.
Pavilion NY 14525
Ph: 585-584-3036
www.cecrocker.com

APPLICATION For EMPLOYMENT

In compliance with Federal and State Employment Opportunity laws, qualified applicants are considered for all positions, promotions, training and other job-related conditions without regard to race, color, religion, sex, national origin, age, marital status, disability, veteran status, or job-related conviction record.

Date of Application:

Job you are applying for:

Name: Last

First

Middle

Phone: Home ()

Cell ()

Street Address:

City/ST/Zip:

Number of Years at this Address?

Addresses for last three years (if different from above):

Dates From:

To:

Street Address:

City/ST/Zip:

Dates From:

To:

Street Address:

City/ST/Zip:

BEST email address to contact you:

Are you legally employable in the US?

Are you currently employed? If not, how long since your last employment?

How did you hear about this position?

Do you have your own transportation for work? (you do not share a vehicle or depend on anyone else for transportation)

Rate of pay expected?

Date when you can start:



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EMPLOYMENT HISTORY: (begin with the most recent)

Company Name:	City/ST/Zip:
Dates of Employment From:	To:
Supervisor:	Phone:
May we contact? Yes ____ No ____	Job Title:
Job Description and Duties:	
Reason for Leaving:	

Company Name:	City/ST/Zip:
Dates of Employment From:	To:
Supervisor:	Phone:
May we contact? Yes ____ No ____	Job Title:
Job Description and Duties:	
Reason for Leaving:	

Company Name:	City/ST/Zip:
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EDUCATION:

School Address	Dates Attended	Major	Diploma/Degree
High School/GED:			
College:			
College:			
Technical/Other:			

Honors, Awards, or Special Achievements:

Specialized Training, Skills, or Licenses:

What skills or experiences make you a desirable candidate for this position?

Any additional skills, qualifications or achievements you would like us to consider?

Additional Comments:



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PERSONAL/PROFESSIONAL REFERENCES:

Name:	Phone:
Company:	Relationship:
Address:	City/ST/Zip:
Number of Years Known:	

Name:	Phone:
Company:	Relationship:
Address:	City/ST/Zip:
Number of Years Known:	

Name:	Phone:
Company:	Relationship:
Address:	City/ST/Zip:
Number of Years Known:	

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Company:	Relationship:
Address:	City/ST/Zip:
Number of Years Known:	

I authorize Carolina Eastern-Crocker, LLC to make an investigation and inquiries of my references, employment, medical history, and employment 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 relating to my application. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge.

Signed: _____

Date: _____