# Crookham Company

# *An Equal Opportunity Employer*

**COMPANY USE ONLY**

Contacted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hired □ Yes □ No

If no, reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date hired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shift □ Day □ Night

Shift Day Night

**IMPORTANT:** This application is void 3 months from the date shown below.

You must reapply to be considered further. Void if all questions are not answered.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street or Route) (City) (State) (Zip)

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you worked at Crookham Company before**? If yes, what year\_\_\_\_\_\_\_\_\_\_\_

Are you 16 years or older? □Yes □ No (minimum age requirement for field work)

Are you 18 years or older? □Yes □ No (minimum age requirement for plant work)

Do you have a CDL\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a certified forklift operator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

Date available to begin work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you work: □ Day Shift □ Swing Shift □ Grave Shift

Please check type of work you are able to perform: □ Field Work □ Plant Work

Would you take a drug screening test, if required? □Yes □ No

**EMPLOYMENT HISTORY**

Please list your last two employers:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Address (Be Complete)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address (Be Complete)

After offer of employment the employee shall present documents that establish both identity and employment authorization, refer to Form I-9 Lists of Acceptable Documents. Additional information at [https://www.justice.gov/crt/about/osc/htm/worker.php#](https://www.justice.gov/crt/about/osc/htm/worker.php)

 **AFFIDAVIT**

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named on the employment history to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons named from any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed would be cause for termination. I also understand that if employed, either the company or I may terminate our relationship at will, without notice or for any reason. This company is hereby authorized to release to any firm or person with whom I may seek employment any and all information concerning my employment or application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date­

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| --- | --- |
| **EEO/AA** **Pre-Offer Voluntary Self-Identification Information**

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|  **Crookham Company is an EEO/Affirmative Action Employer**  |

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status, and all other characteristics protected by law. We also comply with all applicable laws including E.O. 11246 and the Vietnam Era Readjustment Assistance Act of 1974 governing employment practices and do not discriminate on the basis of any unlawful criteria. As a federal government contractor, we take affirmative action on behalf of protected veterans. |
| To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.  |
| Position applying for | Date |
| **REFERRAL SOURCE**  |
| Note to Contractor – customize this list with all of the diversity sources used for tracking purposes |
| * State Workforce Agency
 | * Company Website
 | * Employment agency\_\_\_\_\_\_\_\_
 |
| * Advertisement
 | * Online
 | * School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Employee Referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |
| **APPLICANT INFORMATION** |
| **Name:** |  |
|  |  Last First Middle |
| **Address:** |  |
|  |  Street City State ZIP |
| **Home Phone:** |  | **Business phone/Cell phone:** |  |

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| --- |
| **ETHNICITY/RACE CATEGORIES** |
| **Ethnicity/Race:** (identify **one or more** race categories) (definitions on the back)❒ Hispanic or Latino or identify a race listed below  |
| * White (not Hispanic or Latino)
 | * Black or African American (not Hispanic or Latino)
 | * Asian (not Hispanic or Latino)
 |
| * Native Hawaii or Other Pacific Islander (not Hispanic or Latino)
* Do not wish to identify
 | ❑ American Indian or Alaska Native (not Hispanic or Latino) | * Two or more races (not Hispanic or Latino)
 |
|  |  |  |
| **GENDER CATEGORIES** |
| * Male ❒ Female
 | ❒ Do Not Wish to Identify |

|  |
| --- |
| **PROTECTED VETERAN CATEGORIES** |
| * Protected Veteran ❒ Not a Protected Veteran
 | ❒ Do Not Wish to Identify |

**DEFINITIONS**

**ETHNICITY/RACE CATEGORY DESCRIPTIONS:**

Hispanic or Latino includes a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) includes a person have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

**PROTECTED VETERAN CATEGORY DESCRIPTIONS:**

A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) is entitled to compensation, or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Secretary of Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.