

Employment Application



**California Rock Crushers
339 Doak Blvd., Ripon, CA 95366
Office: (209) 599-9941
Fax: (209) 599-9971**

Instructions for completing the employment application:

- **Complete ALL sections**
- **Print clearly with black or blue ink and sign where required**
- **Submit completed application to the address above**

**California Rock Crushers
EMPLOYMENT APPLICATION**

PLEASE COMPLETE THIS APPLICATION COMPLETELY AND ACCURATELY

1. If a section does not apply, enter N/A
2. Periods of unemployment or inactivity must be accounted for.
3. Please write on page 4 (Remarks section) any additional information which may affect your application for employment.

IT IS THE POLICY OF CALIFORNIA ROCK CRUSHERS TO EMPLOY QUALIFIED APPLICANTS WITHOUT REGARD TO RACE, RELIGION, COLOR, OR NATIONAL ORIGIN, SEX, AGE, OR MARITAL STATUS OR VETERAN STATUS IN ACCORDANCE WITH APPLICABLE LAW. CALIFORNIA ROCK CRUSHERS WILL COMPLY WITH THE PROVISIONS OF THE NATIONAL VOCATIONAL REHABILITATION ACT OF 1973 AND OTHER APPLICABLE LAWS. ADDITIONALLY, EMPLOYMENT WILL NOT BE DENIED DUE TO THE PRESENCE OF ANY SENSORY, MENTAL, OR PHYSICAL DISABILITY UNLESS BASED ON A BONA FIDE OCCUPATIONAL QUALIFICATION.

PERSONAL & GENERAL INFORMATION

Last Name: _____ First: _____ M.I _____

Social Security Number _____

Mailing Address: _____

Full Street Address

City _____ State _____ Zip _____

Home Phone: _____ Other Phone: _____

Position Desired: _____ Date Available: _____

Have you ever been employed with California Rock Crushers before? Yes No

From: _____ To: _____ Location: _____ Position: _____

Name while employed: _____

Willing to work nights Yes No Rotating Shifts Yes No Work out of CA Yes No

Will you accept overtime work offered? Yes No Are you willing to relocate? Yes No

How were you referred to California Rock Crusher Corp. _____

Are you age 18 or over? Yes No

Are you authorized to work on a full-time basis for U.S. employers? Yes No

EMPLOYMENT RECORD

LIST ALL WORK EXPERIENCE FOR AT LEAST THE LAST TEN YEARS INCLUDING PERIODS OF UNEMPLOYMENT, STARTING WITH LAST OR CURRENT EMPLOYER (ATTACH SEPARATE SHEET IF NECESSARY)

Name of Company		Job Duties: (Give details of Work You personally Performed)		
Street:				
City & State:				
Dates Employed:	From:			To:
Jobs Held (Title)				
	Starting			Last Position
SUPERVISOR'S NAME AND TELEPHONE NUMBER:				
REASON FOR LEAVING: (OR IF CURRENTLY EMPLOYED, WHY DO YOU WISH TO MAKE A CHANGE?)				
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Company:				Job Duties: (Give details of Work You personally Performed)
Street:				
City & State:				
Dates Employed:	From:			To:
Jobs Held (Title)				
	Starting			Last Position
SUPERVISOR'S NAME AND TELEPHONE NUMBER:				
REASON FOR LEAVING: (OR IF CURRENTLY EMPLOYED, WHY DO YOU WISH TO MAKE A CHANGE?)				
MAY WE CONTACT YOUR PREVIOUS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Company:				Job Duties: (Give details of Work You personally Performed)
Street:				
City & State:				
Dates Employed:	From:			To:
Jobs Held (Title)				
	Starting			Last Position
SUPERVISOR'S NAME AND TELEPHONE NUMBER:				
REASON FOR LEAVING: (OR IF CURRENTLY EMPLOYED, WHY DO YOU WISH TO MAKE A CHANGE?)				
MAY WE CONTACT YOUR PREVIOUS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Company:				Job Duties: (Give details of Work You personally Performed)
Street:				
City & State:				
Dates Employed:	From:			To:
Jobs Held (Title)				
	Starting			Last Position
SUPERVISOR'S NAME AND TELEPHONE NUMBER:				
REASON FOR LEAVING: (OR IF CURRENTLY EMPLOYED, WHY DO YOU WISH TO MAKE A CHANGE?)				
MAY WE CONTACT YOUR PREVIOUS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EDUCATION RECORD

(If additional space is required, please note in Remarks Section)

HIGH SCHOOL – LAST ATTENDED (State Name and COMPLETE Mailing Address of Schools)

Name: _____ Did you Graduate? Yes No
High School Diploma or Equivalent

Address: _____
Course of Study

VOCATION/SPECIAL SKILLS

Name: _____ Did you Graduate? Yes No
Degree/Certificate

Address: _____
Course of Study Number of Credits Completed

LIST THREE PROFESSIONAL REFERENCES

(Exclude relatives or former employers already listed as supervisors in the employment record section)

NAME	PHONE	MAILING ADDRESS INCLUDING ZIP CODE	YEARS KNOWN	OCCUPATION
1.				
2.				
3.				

Have you ever served in the U.S armed forces? Yes No
Education, training and work experience during active service:

List membership in professional organizations related to the position for which you are applying:

Any Additional Information:

SECURITY INFORMATION SHEET

1. Have you ever been discharged or asked to resign from a position? If yes, give employer's name and address and describe circumstances: Yes No

WE APPRECIATE YOUR INTEREST IN CALIFORNIA ROCK CRUSHERS AND THANK YOU FOR YOUR TIME AND EFFORT IN COMPLETING THIS APPLICATION.

Applicant Signature: _____	Date: _____
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