

Employer	Dates Employed From To	Description of Duties
Address	Telephone Number(s)	
Job Title	Supervisor/Title	
Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination		

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May we contact your current employer? Yes No

Are you legally eligible for employment in the United States? Yes No
 (If offered employment, you will be required to provide proof of identity and eligibility upon employment.)

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes No

Are you capable of performing the essential job duties required of the position for which you are applying with or without reasonable accommodation Yes No If you require reasonable accommodation(s) during the application process, please contact our HR Department at (702) 877-1111.

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain circumstances: _____

Have you ever been convicted of a misdemeanor or felony? Yes No
 If yes, please give the date(s) and details (do not include minor traffic citations and arrest or convictions which have been sealed or expunged): _____

NOTE: Answering “yes” to these questions does not necessarily preclude employment. Each case is considered individually including factors such as your age and when the offense occurred, seriousness and nature of the violation, and rehabilitation. Omission of requested information is basis for rejecting an application.

Please indicate any professional experience, special training, licensing and/or certifications that you have which are relevant to the position for which you are applying. Please omit any information that reflects your race, color, religion, age, sex, sexual orientation, marital status, disabilities, or any other characteristic protected by law.

EDUCATION

School Name	Years Completed (Circle)	Diploma/ Degree	Describe Course of Study or Major	Specialized Training, Experience, Skills and Extra-Curricular Activities
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade/Correspondence:				
Other:				

PERSONAL REFERENCES

Please list persons who know you well—**not** previous employers or relatives.

Name	Company / Position	Email Address	Telephone Number	# of Years Known

APPLICANT’S STATEMENT & AGREEMENT

Please read carefully and sign below. This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that, you may be required to reapply. Cragin & Pike provides equal employment opportunities to all employees and applicants for employment without regard to race, color, ancestry, national origin, gender, sexual orientation, marital status, religion, age, sex, pregnancy, disability, gender identity or expression, genetic information or service in the military. In addition to federal law requirements, Cragin & Pike complies with applicable state and local laws governing nondiscrimination.

By signing below, I certify that the statements made by me on this application are true, complete and accurate. If employed, I understand that any misrepresentation or material omission of fact on this or any other document required by Cragin & Pike may be considered grounds for disqualification or dismissal.

I understand that Cragin & Pike may contact my previous employers and I authorize those employers to disclose to Cragin & Pike all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Cragin & Pike, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Cragin & Pike with any pertinent information they may have regarding my character.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Cragin & Pike to hire me. If I am hired, I understand that either Cragin & Pike or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Cragin & Pike has the authority to make any assurance to the contrary.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment with Cragin & Pike, including the drug and alcohol abuse policy.

Applicant name (printed): _____ **Date:** _____

Applicant signature: _____