

Craig Technologies, Inc.

Craig Ball Sales, Inc.

Pre-Employment Questionnaire

Application for Employment

Equal Opportunity Employer

Personal Information

Date: _____

Name (Last, First, M.I.)		Social Security Number	
		- -	
Address	City	State	Zip Code
Phone Number			

Employment Desired

Position	Date You Can Start	Salary Desired
Currently Employed?	If so, May we inquire of your present employer?	
[] Yes [] No	[] Yes [] No	

Education

	Name and Location	Years Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or other School				

General

Subjects of Special Study / or Special Training Skills			
U.S. Military or Naval Service:		Rank	

Former Employers

Dates Employed Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From to				
From to				
From to				
From to				

References

Name	Address	Business	Years Known

Authorization

“I certify” that the facts contained on this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Company representative.

I have read, understand, signed & dated the following Forms:

Note: These Forms must be attached to the Application to be considered for employment.

Math Screening Test, AD-0200, Att. #6

Consent to Pre-Employment Drug Screening Form, AD-300, Att. #16

Consumer Disclosure & Authorization Form, AD-30, Att. #1

These Forms will be executed upon my receiving a pre-employment offer. I must pass these screens before an actual offer of employment will be made.

Date: _____ **Signature:** _____