

Personal Information				
Last Name		First	MI	Application Date
Current Address		City, State, Zip		Home Phone
Apt.				Cell Phone
Previous if less than 5 yrs above		City, State, Zip		Apt. How long?
Previous Address if applicable		City, State, Zip		Apt. How long?
Email	Referred by	Position applied for	Date Available	Salary desired
Check desired work options: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holiday Breaks			Work Restrictions? List:	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe in detail:		
Education and Training				
High School Name		Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree /Major	
College		Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree /Major	
Other		Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree /Major	
Professional References				
Full Name		Title		
Company		Phone ()		
Address		Relationship Known		Time
Full Name		Title		
Company		Phone ()		
Address		Relationship Known		Time
Full Name		Title		
Company		Phone ()		
Address		Relationship Known		Time

Employment History (most recent first)

Company	Type of Business	Phone ()
Address	From To	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Title/Responsibilities	Supervisor's Name May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary History Starting	Ending	Reason for leaving

Company	Type of Business	Phone
Address	From To	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Title/Responsibilities	Supervisor's Name May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary History Starting	Ending	Reason for leaving

Company	Type of Business	Phone ()
Address	From To	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Title/Responsibilities	Supervisor's Name May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary History Starting	Ending	Reason for leaving

Please describe any additional education/experience you have that may be applicable to employment here?

What interests you in working at Crestview Management, LLC?

Authorization

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification or omission of information on this application or on any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. As a condition of employment, all individuals offered employment may be required to submit to a pre-employment drug test and its results will be binding.

Signature _____ Date _____

Equal Opportunity Employer

We do not discriminate on the basis of race, color, age, national origin, gender, religion, disability, gender identity, veteran's status or sexual orientation in compliance with all Federal State and local laws.

Consent to Pre Employment Background Checks and Testing

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Crestview Management, LLC** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education, background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Crestview Management, LLC** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Crestview Management, LLC** the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both Individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release?

Signature: _____ Date: _____

Printed Name: _____

Witness: _____ Date: _____