

Employment Application



Date:

Name:

Address:

City, State, & Zip:

Home Phone:

Cell Phone:

SS Number:

Czartek Industrial Services
PO Box 272507
Fort Collins, CO 80527

Phone: 970-223-3164
Fax: 970-223-3230
hoods@czartek.com

Positions Applied for:

☐ Full-Time ☐ part-time ☐ Full or part-time

Salary Desired:

Number of Hours Desired:

Hours NOT Available to Work:

Please indicate any dates in the next three months that you will not be available for work

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

When available to begin work?

Have you ever been convicted of a crime: ☐ yes ☐ no

If yes, please explain

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Other			

Do you have a drivers license? ☐ yes ☐ no

State of issue:

An MVR will be required once hired.

Have you had any accidents in the past 3 years?

☐ yes ☐ no

How many?

Do you had any moving violations in the past 3 years?

☐ yes ☐ no

How many?

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Continue on the next page

Previous Employment (list up to 3)

Please complete all info. Resumes may be attached, but job history still must be filled out. Please list most current job first. Please cover at least the past two years. If you need more room, please attach resume or other paper.

Name of Employer:	<input type="text"/>			
Name of last supervisor:	<input type="text"/>	May we contact your employer:		
		<input type="radio"/> yes <input type="radio"/> no		
Dates of employment:	Salary:			
From:	<input type="text"/>	To:	<input type="text"/>	From:
			<input type="text"/>	To:
			<input type="text"/>	
Complete Address:	<input type="text"/>			
Phone #:	<input type="text"/>	<input type="text"/>		
Last job title:	<input type="text"/>			
Reason for Leaving (be specific):				
<input type="text"/>				

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

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Name of last supervisor:	<input type="text"/>	May we contact your employer:		
		<input type="radio"/> yes <input type="radio"/> no		
Dates of employment:	Salary:			
From:	<input type="text"/>	To:	<input type="text"/>	From:
			<input type="text"/>	To:
			<input type="text"/>	
Complete Address:	<input type="text"/>			
Phone #:	<input type="text"/>	<input type="text"/>		
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			<input type="text"/>	To:
			<input type="text"/>	
Complete Address:	<input type="text"/>			
Phone #:	<input type="text"/>	<input type="text"/>		
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Signature

Date