CROC LINE

Formerly known as Waterblasting, LLC dba Hog Striping

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Address: _____

Email Address: _____

Home Telephone #: _____ Cell Phone #: _____

Specific position(s) applied for or type of work desired: _____

Type of employment desired: ☐ full-time ☐ part-time ☐ temporary

Date you will be available to start work: _____

- If you have been laid off, are you subject to recall? ☐ Yes ☐ No
- Do you have any objection to working overtime if necessary? ☐ Yes ☐ No
- Can you travel if required by this position? ☐ Yes ☐ No
- Have you ever been employed by our organization? ☐ Yes ☐ No
- Can you submit proof of legal employment authorization and identity? ☐ Yes ☐ No
- Have you ever been convicted of a crime (felony/misdemeanor)? ☐ Yes ☐ No
  (A conviction will not necessarily disqualify you from employment)

Conviction	***Year***	***City & State***	***County***

Who should we thank for referring you to us? _____

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Employment History

Provide the previous four employers, even if including a resume. Start with the most recent.

Employer: _____ Position held: _____

City & State: _____ Telephone #: _____ Supervisor: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

City & State: _____ Telephone #: _____ Supervisor: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

City & State: _____ Telephone #: _____ Supervisor: _____

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Job summary: _____

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Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:_____

_____

Additional Experience and Skills

Add the years of experience in the space to the right of the field listed below, check all that may apply:

☐	Adm. Assistant		☐	Janitor Bldg Services Tech		☐	Quality Control	
☐	AP Clerk		☐	Laser Jet Operator		☐	Sales	
☐	Band Saw Operator		☐	Logistics Coordinator		☐	Sales & Mktg Support Mgr.	
☐	Blaster		☐	Machinist/Manual		☐	Sandblaster	
☐	BOM Analyst		☐	Management		☐	Shipping Clerk	
☐	CNC Machinist		☐	Mechanic- Chassis		☐	Shop Floor Coord.	
☐	CS & Spare Parts Lead		☐	Mechanic- Electrical		☐	Shop Helper	
☐	Customer Support		☐	Mechanic- Hydraulic		☐	Tech Support Lead	
☐	Design Engineer		☐	Mechanic- Plumbing		☐	Technician	
☐	Electrical Drafter		☐	Mechanical Designer		☐	Training	
☐	Fabrication Manager		☐	Media Specialist		☐	Transporter	
☐	Field Services Technician		☐	Operations Manager		☐	Video Prod. Director	
☐	Heavy Equip Operator		☐	Outside Sales - International		☐	Videographer	
☐	HR Manager		☐	Painter		☐	Water Jet Operator	
☐	Hydraulic Lead		☐	Press Brake		☐	Web Designer	
☐	Inside Sales		☐	Project Manager		☐	Welder	
☐	Inventory Clerk		☐	Purchasing		☐	Welder/Fabricator	

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Educational History

School Name	City & State	Course/Degree	Years Completed

Professional References- Include those you have worked for or with. **Do not include family or friends.**

Name	Phone Number	Title	Years Known

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• I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

• I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

• If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

• I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

• I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

• I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature:_____ Date: _____

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EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment.

This form will be used for EEO-1 applicant reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

NAME: _____JOB TITLE: _____

GENDER: _☐_ Male _☐_ Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

_☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_☐ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_☐ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

_☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_☐ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_☐ American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

_☐ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Date completed: _____