



# Employment Application

The Crown Group  
6447 Vista Drive  
Shawnee Mission, KS 66218  
913.422.7949 • 913.422.4828

**APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS**

## Applicant Information

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_

Telephone \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
And salary desired (2) \_\_\_\_\_  
(Be specific)

Days/hours available to work  
No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  Full-Time Only  Part-Time Only  Full- or Part-Time

When available for work? \_\_\_\_\_

## Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Bus. or Trade School	_____	_____	_____	_____
Professional School	_____	_____	_____	_____

## General Information

HAVE YOU EVER BEEN CONVICTED OF A CRIME:  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_



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## Skills and Qualifications

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

Type of license  Operator  Commercial (CDL)  Chauffeur

Have you had any accidents during the past three years?  Yes  No How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No How many? \_\_\_\_\_

### OFFICE ONLY

Typing  Yes  No WPM \_\_\_\_\_ 10-key  Yes  No

Word Processing  Yes  No WPM \_\_\_\_\_

Personal Computer  Yes  No  PC  MAC

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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## References

Please list two references other than relatives or previous employers

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_



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## Military

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

## Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____	Name of last supervisor _____
Address _____	Employment dates From _____ To _____
City _____ State _____ Zip _____	Pay or Salary Start _____ Final _____
Phone Number _____	Your last job title _____

Reason for leaving (be specific)

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of employer _____	Name of last supervisor _____
Address _____	Employment dates From _____ To _____
City _____ State _____ Zip _____	Pay or Salary Start _____ Final _____
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**PLEASE READ CAREFULLY**

## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by The Crown Group (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President / Operations Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

- By submission of this online application, I understand and agree to all terms and conditions set forth and certify that all answers are true and complete to the best of my knowledge.
- I do not agree with the above terms and conditions.

**This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.**

**Thank you for completing this application for and for your interest in our business.**

## FORM SUBMISSION INSTRUCTIONS:

1. Print a copy for your records. To print, click on "Print Form" below.
2. Save an electronic copy as well. From the browser menu bar, click on File, then Save As, and save to your hard drive or a jump drive.
3. You may submit the application by e-mail by clicking on the "Submit" button below.
4. If you do not have access to an e-mail server (such as at a public library), please print and mail the application to:  
The Crown Group, 6447 Vista Drive, Shawnee Mission, KS 66218