



255 Highway 101 South  
 P.O. Box 35  
 Crescent City, CA  
 Phone: 707.465.1776  
 Fax: 707.465.0276  
 Email: Apply@C-Renner.com

## Employment Application

OFFICE USE ONLY	
Date Received: _____	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	Decision Date _____

### Applicant Information

Full Name \_\_\_\_\_ SS No. \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  Rent  Own

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Duration of Employment \_\_\_\_\_ Take Home Pay \$ \_\_\_\_\_  Monthly  Bi- Weekly

Name of Nearest Relative (not living with you) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Interested Positions

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

### Availability

Full Time       Part Time       Temporary       Shift Work

Date You Can Start \_\_\_\_\_

Desired Wage \_\_\_\_\_

Have You Applied to C. Renner, Inc for Employment Before?       Yes       No

### Employment

Are You Currently Employed?       Yes       No

If You Answered Yes to the Question Above, May We Contact Your Present Employer?       Yes       No

Current Employer (CE) Name \_\_\_\_\_ CE Address \_\_\_\_\_

CE Phone \_\_\_\_\_ Position \_\_\_\_\_ Duration of Employment \_\_\_\_\_

### References (Please List 3 Persons Not Related to You Whom You Have Known At Least One Year)

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Business/Occupation \_\_\_\_\_

### References (continued)

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Business/Occupation \_\_\_\_\_

## References (continued)

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Business/Occupation \_\_\_\_\_

## Education

Highschool Graduate?  Yes  No

If You Answered No to the Question Above, Indicate the Highest-Grade Completed? \_\_\_\_\_ (1-12)

College, Business or Trade Schools

(1) School Name \_\_\_\_\_ School Address \_\_\_\_\_ Major/Minor \_\_\_\_\_

Length of Schooling Time \_\_\_\_\_ Degree(s)/Certificate(s) \_\_\_\_\_

(2) School Name \_\_\_\_\_ School Address \_\_\_\_\_ Major/Minor \_\_\_\_\_

Length of Schooling Time \_\_\_\_\_ Degree(s)/Certificate(s) \_\_\_\_\_

(3) School Name \_\_\_\_\_ School Address \_\_\_\_\_ Major/Minor \_\_\_\_\_

Length of Schooling Time \_\_\_\_\_ Degree(s)/Certificate(s) \_\_\_\_\_

## Work History

Employer Name (Business or Individual name): \_\_\_\_\_ Dates \_\_\_\_\_ - \_\_\_\_\_  
From To

Employer Address \_\_\_\_\_  
Street Address City State Zip Code

Job Title \_\_\_\_\_

Job Responsibilities / Duties \_\_\_\_\_

## Work History (continued)

Employer Name (Business or Individual name): \_\_\_\_\_ Dates \_\_\_\_\_ - \_\_\_\_\_  
From To

Employer Address \_\_\_\_\_  
Street Address City State Zip Code

Job Title \_\_\_\_\_

Job Responsibilities / Duties \_\_\_\_\_

## Work History (continued)

Employer Name (Business or Individual name): \_\_\_\_\_ Dates \_\_\_\_\_ - \_\_\_\_\_  
From To

Employer Address \_\_\_\_\_  
Street Address City State Zip Code

Job Title \_\_\_\_\_

Job Responsibilities / Duties \_\_\_\_\_

**Additional Qualifications and Skills: Certifications, Software's Used, Machines, Equipment, Tools Used, Related Activities, etc.**

---

---

---

---

---

---

---

---

**Certification of Applicant**

I, \_\_\_\_\_ certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
DATE

**PLEASE, ATTACH RESUME IF AVAILABLE.**

Return Application to:

C. Renner, Inc.  
255 Highway 101 South  
Crescent City, CA 95531  
(Building with Lighthouse Mural)

-OR-

Email an Attachment to:

Apply@C-Renner.com