

APPLICATION FOR EMPLOYMENT



Fax: (574) 293-1936
Email: info@townerestoration.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran, status or any other legally protected status.

Position Applying For:			
Water Tech: _____	Structure: _____	Contents Tech: _____	
Date of Application			
Last Name		First Name	Middle Name
Address		City	State Zip Code
Email		Phone Number	Social Security Number
Date of Birth (Must be 18 or older)			
Best time to contact : _____ am _____ pm			
Must have a valid driver's license (w/acceptable driving record) _____ _____ <div style="text-align: right; margin-right: 50px;">Yes No</div>			
Must be able to work varied work schedule inc nights, weekends, and on-call shift _____ _____ <div style="text-align: right; margin-right: 50px;">Yes No</div>			
Must be able to go up and down stairs and carry up to 50 lbs _____ _____ <div style="text-align: right; margin-right: 50px;">Yes No</div>			
Must have your own transportation _____ _____ <div style="text-align: right; margin-right: 50px;">Yes No</div>			
If applying for the structure position, you must have your own tools _____ _____ <div style="text-align: right; margin-right: 50px;">Yes No</div>			
Do you have allergies to smoke, dust, or paint fumes? _____ _____ <div style="text-align: right; margin-right: 50px;">Yes No</div>			
Date available to start work: _____			
May we contact your previous employers? _____ _____ <div style="text-align: right; margin-right: 50px;">Yes No</div>			
EDUCATION:			
High School	Last Year Completed:	9	10 11 12
College/technical school	Last Year Completed:	1	2 3 4
Other (specify): _____			

WORK EXPERIENCE:

Most current job listed first:		
Employer: _____	Dates Employed	Work Performed
Address: _____	From To	
Telephone Number: _____	Hourly Rate/Salary	
Starting/present job title: _____	Starting Final	
Supervisor: _____		
Reason for leaving: _____		
Employer: _____	Dates Employed	Work Performed
Address: _____	From To	
Telephone Number: _____	Hourly Rate/Salary	
Starting/present job title: _____	Starting Final	
Supervisor: _____		
Reason for leaving: _____		
Employer: _____	Dates Employed	Work Performed
Address: _____	From To	
Telephone Number: _____	Hourly Rate/Salary	
Starting/present job title: _____	Starting Final	
Supervisor: _____		
Reason for leaving: _____		
Specialized Skills or Certifications:		
References:		
Name	Phone Number	Occupation
Name	Phone Number	Occupation
Name	Phone Number	Occupation

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that _____ **Towne, Inc.** _____ (Hereafter referred to as "Company") and/or its agent, C4 Operations LLC, may now, or at any time I am enrolled in, assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended; state driving records; financial or credit institutions; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches can be used to determine eligibility under the Company policies. Therefore, authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the Company. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from C4 Operations LLC, by sending a written request to 1201 Edgewood Rd SW, Cedar Rapids IA 52404-2344, calling (888) 519-6283 or submitting an email request though our website www.C4Operations.com. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? YES _____ NO X

If so, do you want a copy of any Consumer Report prepared concerning you? YES _____ NO _____

I understand that California law requires Company to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.16)

Date (MM/DD/YYYY)	
Applicant Name (PRINT)	Applicant Name (SIGNATURE)
Legal Guardian Name (PRINT) if applicant is a minor	Legal Guardian Name (SIGNATURE) if applicant is a minor