

APPLICATION FOR EMPLOYMENT

Crusader Management Company, LLC and its Subsidiaries, d/b/a Crusader Rent To Own

Instructions: Please print plainly and answer every question.
If any statement requires elaboration, add additional pages.

Personal

Date: _____

Name:	_____	Social Security #	_____
	<small>Last First Middle Initial</small>		
Present Address:	_____	Telephone #	_____
	<small>No. Street City State Zip</small>		
How long have you lived at the above address?	_____	Years	_____
			Months
Mailing Address (If different from above)	_____		
	<small>No. Street City State Zip</small>		
Previous Address:	_____	How Long Did you live there?	_____
	<small>No. Street City State Zip</small>		
Person to contact in case of emergency:	_____	Telephone #	_____
Have you ever been employed with the "Company"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what city and state:	_____		
Have you ever applied for employment with the "Company"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what city and state:	_____		
Do you have any relatives and or friends employed by the "Company"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, list name, relationship & what location?	_____		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If offered a position with the "Company", what date would you be available for work?	_____		
How did you learn about our "Company"?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Internet
	<input type="checkbox"/> Website	<input type="checkbox"/> Other	_____
Are you available to work:	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	
By order of preference: what type of positions are you seeking?			
1.	_____		
2.	_____		
What is your desired salary range?	\$ _____	Per (circle one)	Hr Wk Mth Yr
Can you perform the functions of the job for which you are applying, with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a felony crime or any crime involving dishonesty, theft or breach of trust?

Yes No If yes, please explain: _____

(A conviction record does not necessarily prevent an applicant from obtaining employment)

Driving is an essential job function with any position that you apply for with our company. Do you understand that you may be required to utilize your own personal vehicle to (but not limited to) travel outside of your branch location area (to another city), to and from the bank, to the post office, to purchase supplies, to do outside collections if necessary? YES NO

Do you have dependable transportation? Yes No

What is your Drivers License Number and state of issue: _____

What is the year, make and model of your automobile (s)?

Year: _____ Make: _____ Model: _____

Year: _____ Make: _____ Model: _____

Have you ever had a moving violation or suspension of your license? Yes No

If yes, explain: _____

Education

	High School	Undergraduate College/ University	Graduate/ Professional
School Name			
Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			
Describe any honors you have received.			
State any additional information you feel may be helpful to us in considering your application.			

It is our policy to contact former employers. (PLEASE LIST MOST RECENT FIRST)

Employer	Date Employed		Reason for Leaving
Address	From	To	
City/ State/ Zip			
Telephone Number(s)			
Starting / Ending Position	Hourly Rate/ Salary		
Supervisor	Starting	Final	
Work Performed:			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

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Work Performed:			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

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Supervisor	Starting	Final	
Work Performed:			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

Employer	Date Employed		Reason for Leaving
Address	From	To	
City/ State/ Zip			
Telephone Number(s)			
Starting / Ending Position	Hourly Rate/ Salary		
Supervisor	Starting	Final	
Work Performed:			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

Other name(s) in which you have been employed under: _____

Please explain all periods of gaps in employment: _____

Indicate any foreign languages you can speak, read and/ or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

References

Please list below 5 references in which two must be relatives that are not living with you. Do not list any previous supervisors.					
	Name	Address	Phone	Occupation	Relationship
1					
2					
3					
4					
5					

What goals do you hope to achieve with the "Company"? (list short-term and long-term goals)

As you see yourself, what would you list as your strong points?

As you see yourself, what would you list as your weak points?

Give any other information that you consider would complete the picture of your background, qualifications and interests, such as: future educational plans, extra-curricular activities, non-scholastic honors, memberships in honorary societies, hobbies, civic fraternal and charitable organizations. (Exclude all information indicative of race, creed, color, national origin or age.)

Applicant Signature

Application Date