

KASPAR COMPANIES

959 State Highway 95 North - P O Box 667 - Shiner, TX 77984

HR@KasparWireWorks.com

361.594.3327 – phone * 361.594.4250 - fax

Application for Employment

(All electronic submissions must be signed prior to interview)

Your Legal Name

Application Date

Present Address

City

State

Zip Code

Phone Number

Cellular Phone Number

Are you 18 or older? Yes No

Are you either an U.S. Citizen or an Alien authorized to work in the United States? Yes No

In case of an emergency, contact the following person:

Name

Relationship

Phone Number

Address

City, State, & Zip Code

Work/Cellular Number

Employment Desired

Position Desired

Date Available to Work

Wage Desired

Are you currently employed? Yes No

We routinely contact applicant's current employer(s) for a reference check. Would this impose any problems for you?
Yes No

If yes, please explain. _____

Have you ever worked for this company before? Yes No If so, when and in which department(s)?

From _____ To _____ Department _____ Supervisor _____

Available for: Day Shift Yes No Night Shift Yes No Either Shift Yes No

Education Background

Education	Name, City & State of School	# of Years Attended	Did You Graduate?	Subjects Studied
High School				
College, Trade, Business or Other School				

Please list all skills you possess:

Please list all equipment/machines you can operate:

Military Service Record

Are you a U.S. Veteran? Yes No If so, list dates of service: _____

Do you have a service-related VA approved disability? Yes No

List any training you received in the U.S. Armed Forces that is relevant to the position for which you are applying:

Employment Record

Please list all previous employers starting with the most current.

①

Company Name

Phone Number

Address

City, State, & Zip Code

Type of Business

Supervisor's Name

Starting Wage

Ending Wage

Employment Start Date: _____ Employment End Date: _____

Position & Duties: _____

Reason for Leaving: _____

②

Company Name

Phone Number

Address

City, State, & Zip Code

Type of Business

Supervisor's Name

Starting Wage

Ending Wage

Employment Start Date: _____ Employment End Date: _____

Position & Duties: _____

Reason for Leaving: _____

③

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Employment Start Date: _____ Employment End Date: _____

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Supervisor's name

Starting Wage

Ending Wage

Employment Start Date: _____ Employment End Date: _____

Position & Duties: _____

Reason for Leaving: _____

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Explain all periods of unemployment that are greater than 3 months in duration:

Have you ever been terminated from employment? Yes No

If yes, please explain: _____

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During the last ten years, have you been convicted of, pled guilty or nolo contendere to, or received deferred adjudication for a crime or felony other than minor traffic offenses? A conviction will not necessarily or automatically disqualify you from employment. Rather, such factors such as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered. Yes No

Traffic Violation Record

The following section must be completed if you are applying for a position that requires the operation of a motor vehicle owned or leased by the company or used for company purposes.

Drivers License Number _____ State Issued _____
 (check which applies) Commercial
 Type _____ Operator _____ Operator _____ Chauffeur _____

In the past five (5) years, list all accidents in which you were involved in as a driver.

Date _____ Nature _____ Persons injured _____
 Date _____ Nature _____ Persons injured _____

List all violations of motor vehicle laws or ordinances (other than violations involving parking) for which you were convicted or forfeited bond or collateral during the previous year prior to this application.

Date _____ Type _____ Location _____ Penalty _____
 Date _____ Type _____ Location _____ Penalty _____
 Date _____ Type _____ Location _____ Penalty _____
 Date _____ Type _____ Location _____ Penalty _____

Have you been convicted in the past five (5) years of driving under the influence or while intoxicated? Yes No

If yes, please explain: _____

References

Do not include persons who are related to you or are previous employers. **Three (3) are required.**

Name	Occupation	Phone Number	Years Acquainted

CERTIFICATION

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience and training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

KASPAR COMPANIES is hereby authorized to make any investigation of my previous employment, education and criminal history through any investigative agencies or bureaus of their choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

I understand that any employment by this company may be on a temporary basis. If employed by KASPAR COMPANIES, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein may be cause for refusal of employment or, if employed immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my supervisor.

I understand that my employment will require certain physical capabilities relating to the ability to lift and transport objects, assist other co-workers in physical tasks, and to stand during my shift, either on a regular basis or from time to time. I must be physically capable of performing these activities as needed to complete my duties. My employment also requires that I am alert at all times in order to recognize potential safety hazards or dangerous situations. I must take the appropriate steps to prevent an injury from occurring to myself or to any of my fellow co-workers by reporting all hazardous conditions to my supervisor, and if possible, I should correct the situation myself so as to render it safe. I also understand that my employment may be subject to the successful completion of an employment physical, and that my employment may be conditioned upon maintaining a favorable health evaluation. If requested, I agree to submit, at any time, to a physical examination, which may include a controlled substance and/or alcohol screen, performed by a qualified medical doctor of KASPAR COMPANIES' choice, and which shall be paid for by KASPAR COMPANIES. I also agree that all information concerning said physical examination, including the controlled substance and/or alcohol screening(s), can be supplied to KASPAR COMPANIES or an authorized agent of this company upon request.

I understand that if employed, such employment is for an indefinite period and can be terminated at will by the company or myself. It may be with or without notice, at any time, for any or no reason. I also understand my employment is subject to changes in wages, conditions, benefits, and operating policies.

Signature

Date

**APPLICANT'S RELEASE
OF EMPLOYMENT AND BACKGROUND RECORDS**

I, _____, hereby authorize KASPAR COMPANIES to investigate all facts contained in my application for employment with said company, and authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize my current and previous employers to give any and all pertinent information concerning my employment to the said company whether it is personal or otherwise. KASPAR COMPANIES is hereby authorized to make any investigation of my previous employment, education and criminal history through any investigative agencies or bureaus of their choice. Therefore, I release all parties from all liabilities for any damages that may result from furnishing of said information.

A copy of this release shall be as valid as the original.

Date: _____

Applicant Signature

Witness Signature

Printed Applicant Name

Printed Witness Name