# Capital Precast, LLC.

### Employment Application

Capital Precast, LLC. (the "Company") is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, religion, sex, pregnancy, age, national origin, disability, genetic information, veteran status, or any other factor protected by state, local or federal law.

Applicants with a disability who need assistance completing an application or using this site may contact Rosalinda Ruiz at 830 606 6200 to request a reasonable accommodation.

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | | First | |  | | | | | | M.I. | | | Date |  |
| Other Names | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | |  | | | | | | | | | | | | | | | | | Apartment/Unit # | | | |  |
| City |  | | | | | | | | | | | State | |  | | | | | | ZIP | |  | | |
| Phone | | | | | | Mobile | | | | | | E-mail Address | | | |  | | | | | | | | |
| Date Available | | |  | | | | | | Last four of Social Security No. | | | | |  | | | | | Desired Compensation | | | | | |
| Position Applied for: (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | YES | | | | | NO | If no, are you authorized to work in the U.S.? | | | | YES    NO | | | | | | |
| Are you at least 18 years of age? | | | | | | | | YES | | | | | NO |  | | | |  | | | | | | |
| Have you previously applied with or worked with the Company? | | | | | | | | YES | | | | | NO | If employed: Month and Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| What is your availability for work?  Full Time  Part-Time  Temporary  Other  If none of the above, what hours/days can you work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you plan to work for another organization while employed by the Company?  Yes  No  If yes, please indicate organization, position and days/hours of the week employed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| Please state all languages (including English) that you speak, read and write proficiently: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Speak | | | | | | Read | | | | | | Write | | | | Comments: | | | |
| English | | | | |  | | | | | |  | | | | | |  | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | | | | |  | | | | | |  | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | | | | |  | | | | | |  | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | |
| School | | | | Name and Location of School | | | Course of Study | | | No. of Years Completed | | | | | Did you Graduate? | | | Degree or Diploma | | | | | | |
| High School | | | |  | | |  | | |  | | | | | YES  NO | | |  | | | | | | |
| Business/ Technical | | | |  | | |  | | |  | | | | | YES  NO | | |  | | | | | | |
| College | | | |  | | |  | | |  | | | | | YES  NO | | |  | | | | | | |

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| Provide complete information on all employment during the *past 10 years or 4 employers*, whichever is greater. Begin with your current and most recent employment. Include full-time, part-time, and temporary employment. Explain all gaps in your employment history. *Use additional sheets if necessary.* | | | | | | | | |
| Previous Employment | | | | | | | | |
| Company |  | | | | | Phone | ( ) | |
| Address |  | | | | | Supervisor |  | |
| Job Title |  | | | | Starting Pay |  | Ending Pay |  |
| Responsibilities | |  | | | | | | |
| Dates of Employment: | | | | Reason for Leaving | | | | |
| From | | | To |  |  | | | |
| May we contact your previous supervisor for a reference? | | | | | YES | NO |  | |
| Company |  | | | | | Phone | ( ) | |
| Address |  | | | | | Supervisor |  | |
| Job Title |  | | | | Starting Pay |  | Ending Pay |  |
| Responsibilities | |  | | | | | | |
| Dates of Employment: | | | | Reason for Leaving | | | | |
| From | | | To |  |  | | | |
| May we contact your previous supervisor for a reference? | | | | | YES | NO |  | |
| Company |  | | | | | Phone | ( ) | |
| Address |  | | | | | Supervisor |  | |
| Job Title |  | | | | Starting Pay |  | Ending Pay |  |
| Responsibilities | |  | | | | | | |
| Dates of Employment | | | | Reason for Leaving | | | | |
| From | | | To |  |  | | | |
| May we contact your previous supervisor for a reference? | | | | | YES | NO |  | |
| Company | | | | |  | Phone | ( ) | |
| Address | | | | |  | Supervisor |  | |
| Job Title |  | | | | Starting Pay | $ | Ending Pay |  |
| Responsibilities | |  | | | | | | |
| Dates of Employment: | | | | Reason for Leaving | | | | |
| From | | | To |  |  | | | |
| May we contact your previous supervisor for a reference? | | | | | YES | NO |  | |
| **(Use additional sheets if necessary)** | | | | | | | | |

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| Have you ever been terminated from employment or asked to resign by *any* employer? If yes, please provide employer, location, dates and describe circumstances.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| The company contacts prior employers to obtain references regarding work history, conduct, and suitability for employment. May we contact your present employer at this time? YES  NO | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Specialized skills | | | | | | | | | | | | | |
| List all specialized skills you possess and equipment (including computer programs) which you operate proficiently: | | | | | | | | | | | | | |
| Skills | | | | | Equipment | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | |
| Please list professional references. | | | | | | | | | | | | | |
| Full Name | |  | | | | Relationship | | |  | | | | |
| Company | |  | | | | Phone | ( ) | | | | | | |
| Address | |  | | | | | | | | | | | |
| Full Name | |  | | | | Relationship | | |  | | | | |
| Company | |  | | | | Phone | ( ) | | | | | | |
| Address | |  | | | | | | | | | | | |
| Full Name | |  | | | | Relationship | | |  | | | | |
| Company | |  | | | | Phone | ( ) | | | | | | |
| Address | |  | | | | | | | | | | | |
| Full Name | |  | | | | Relationship | | |  | | | | |
| Company | |  | | | | Phone | ( ) | | | | | | |
| Address | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | |
| Branch |  | | | | | | | From | |  | To |  | |
| Rank at Discharge | | |  | | | | | Type of Discharge | | | | |  |
| If other than honorable, explain | | | |  | | | | | | | | | |

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| Criminal history | | |
| Conviction of a crime is not an automatic bar to consideration for employment, except where state law prohibits employment.  Determinations of suitability based on criminal record checks will be considered if job-related for the position in question, consistent with business necessity, and with any applicable laws or regulations.  If the Company is inclined to make an adverse decision based on the results of the criminal background check, you may be advised on the part(s) of the record that make(s) you unsuitable for the position and given an opportunity to provide additional information.  Unless otherwise provided by law, the Company will consider, among other things, the nature and gravity of the offense, the length of time that has passed since the conviction, and the relationship of the conviction to the particular duties and responsibilities of the position sought.You must include information on ALL convictions, pleas, alternative disposition programs that have occurred during your lifetime. Please disclose any criminal offense that may appear on your record, even if you are uncertain of the exact date or how the criminal offense was classified. State the approximate date and your understanding of the criminal classification.Have you *at any time* (check all that apply) (\_\_) pled guilty or (\_\_) nolo contendere (no contest) or (\_\_) been convicted of any criminal offense (misdemeanor or felony) other than parking tickets?Have you ever been subject to judicial or non-judicial punishment under the Uniform Code of Military Justice? \_\_\_ Yes \_\_\_ NoIf yes, provide complete information on criminal offense(s), date(s), location(s) (city and state), and disposition: (use additional sheets if necessary)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you *at any time* served any of the following for any criminal offense? Check appropriate box or boxes. If the alternative disposition program in which you participated is not specifically listed below, you MUST disclose it by checking the last option and describing the program. Failure to disclose any type of alternative disposition program will be considered falsification and result in your ineligibility for employment. | | |
| \_\_\_\_\_\_pretrial diversion | \_\_\_\_\_\_deferred adjudication | \_\_\_\_\_\_deferral of prosecutions |
| \_\_\_\_\_\_suspended sentence | \_\_\_\_\_\_community supervision | \_\_\_\_\_\_expungement of conviction |
| \_\_\_\_\_\_shock incarceration | \_\_\_\_\_\_community-based punishment | \_\_\_\_\_\_postponed judgment |
| \_\_\_\_\_\_probation | \_\_\_\_\_\_unconditional discharge | \_\_\_\_\_\_restorative justice program |
| \_\_\_\_\_\_community control program | \_\_\_\_\_\_pretrial intervention | \_\_\_\_\_\_indeterminate commitment |
| \_\_\_\_\_\_pretrial release | \_\_\_\_\_\_probation without adjudication of guilt | \_\_\_\_\_\_supervised release |
| \_\_\_\_\_\_any other type of disposition | \_\_\_\_\_\_conditional discharge | \_\_\_\_\_\_probation prior to judgment |
| Program; describe type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| If yes, please provide complete information on the criminal offense, nature of alternative disposition program, and dates of commencement and completion: *(use additional sheets if necessary)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
| Motor vehcile record | | |
| Please complete this section only if you are applying for a position which includes driving a vehicle for work purposes. | | |
| Driver's License No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Issuing State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has your driver's license ever been denied, suspended, or revoked?  Yes  NoIf yes, provide information on action(s), date(s), location(s), and current status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List all violations (other than parking tickets) for which you have been convicted, pled guilty or no contest, or forfeited bond in the past 5 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have automobile liability insurance  Yes  No If yes, expiration date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
| additional information | | |
| Provide any additional information that you believe will assist the Company in considering your application, including membership in professional or civil organizations, specialized training, apprenticeships, or other qualifications. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| application process |
| Applications for employment will be actively considered for the positions listed for 60 days after the submission to the Company. Applicants seeking other positions or consideration after this time period has expired must submit another application. The Company may not interview all applicants for vacancy. Those applicants to be interviewed will be contacted by the Company |

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| applicant verification | | | |
| I certify that all of the information provided on this employment application and all exhibits and resumes submitted to the Company is true, correct, and complete. I understand that false, misleading, incomplete, or omitted information on this application or exhibits and resumes will result in rejection of my application or termination, if hired, regardless of the date of discovery. I authorize all persons and organizations, including but not limited to my former and present employers and personal references, to provide the Company and its agents with complete information concerning my character, employment record, and suitability for employment with the Company. I understand that this authorization does not include a consumer report under the federal Fair Credit Reporting Act. If the Company desires to conduct a consumer report or background check about me under the federal Fair Credit Reporting Act, I will receive a separate notice and authorization for that report.  I understand that this application is not an offer of employment or any employment contract with the Company. I further understand that employment with the Company is "at will" and based on mutual consent. Either the Company or I can terminate any employment relationship at any time, with or without prior notice or cause. I understand that no employee of the Company, other than the President is authorized to enter into any contract or create any employment relationship other than "at will."  I understand that if I am hired by the Company, I will be required to complete a Federal I-9 form and provide documentation verifying my right to live and work in the United States. Further, I understand that any conditional employment offer by the Company is subject to successful completion of all employment prerequisites, including but not limited to, verifying employment and professional/personal references, testing for the illegal use of drugs, and verifying criminal and driving record through a consumer reporting agency in accordance with the requirements of the Fair Credit Reporting Act of 1970, as amended.  If employed, I will comply with the Company's policies, rules and procedures. | | | |
| Signature |  | Date |  |