



Employment Application

EMAIL: _____

CRISP INDUSTRIES, LLC P.O. BOX 326 BRIDGEPORT, TX. 76426 (940)-683-4070

Notice to Applicant: We are an equal opportunity employer and do not discriminate based on an applicant's or employee's race, color, sex, age, disability, religion, national origin, marital status, sexual orientation, or political belief.

PERSONAL INFORMATION

NAME: _____	SOCIAL SECURITY: _____
ADDRESS: _____	DATE OF BIRTH: _____
CITY: _____	STATE: _____ ZIP: _____ PHONE: _____

POSITION INFORMATION

POSITION APPLIED FOR: _____
DEPARTMENT/GROUP: _____

DRIVING HISTORY

<u>DRIVER'S LICENSE</u>			
STATE: _____	LICENSE#: _____	TYPE: _____	EXPIRATION DATE: _____

<u>DRIVING EXPERIENCE</u>	<input type="checkbox"/> LOADER	<input type="checkbox"/> FORKLIFT	<input type="checkbox"/> CRANE
OTHER: _____	APPROX. # OF MILES: _____		

RECORD

PREVIOUS ACCIDENTS: _____ DATE: _____ SEVERITY: _____

INJURIES: _____ OTHER: _____

TRAFFIC CONVICTIONS: (OTHER THAN NON-MOVING VIOLATIONS)

LOCATION: _____ DATE: _____

CHARGE: _____ PENALTY: _____

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? ☐ YES ☐ NO
- B. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO

PROFESSIONAL REFERENCES

NAME: _____	RELATIONSHIP: _____	PHONE NUMBER: _____
NAME: _____	RELATIONSHIP: _____	PHONE NUMBER: _____
NAME: _____	RELATIONSHIP: _____	PHONE NUMBER: _____

WORK HISTORY (BEGIN WITH MOST RECENT)-DOT DRIVERS MUST PROVIDE 10 YEARS OF HISTORY, ASK FOR ADDITIONAL PAPER IF NEEDED.

FROM: _____	TO: _____	NAME: _____	PHONE: _____
ADDRESS: _____		SALARY: _____	
POSITION HELD: _____		SUPERVISOR: _____	
REASON FOR LEAVING: _____			
FROM: _____	TO: _____	NAME: _____	PHONE: _____
ADDRESS: _____		SALARY: _____	
POSITION HELD: _____		SUPERVISOR: _____	
REASON FOR LEAVING: _____			
FROM: _____	TO: _____	NAME: _____	PHONE: _____
ADDRESS: _____		SALARY: _____	
POSITION HELD: _____		SUPERVISOR: _____	
REASON FOR LEAVING: _____			

GENERAL INFORMATION

HAVE YOU EVER FAILED A DRUG SCREEN TEST?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
HAVE YOU EVER BEEN RELEASED FROM EMPLOYMENT BECAUSE OF DRUG OR ALCOHOL ABUSE?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DO YOU AGREE TO DO A DRUG SCREENING TEST BEFORE EMPLOYMENT?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
HAVE YOU EVER FILED A CLAIM WITH WORKER'S COMPENSATION?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DO YOU HAVE PREPAID LEGAL INSURANCE?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

PHYSICAL HISTORY

LIST ANY PHYSICAL LIMITATIONS (SUCH AS EYESITE, LIMB IMPAIRMENT, DIABETES)
ARE YOU PHYSICALLY CAPABLE OF DOING HEAVY MANUAL LABOR? _____
HAVE YOU EVER BEEN INJURED ON THE JOB? _____
IF YOU ANSWERED YES, GIVE NATURE OF INJURY _____
HOW MUCH TIME HAVE YOU LOST FROM WORK IN THE PAST THREE YEARS DUE TO ILLNESS? _____

PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION.

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS, OMISSIONS, OR MISREPRESENTATIONS MAY RESULT IN DISMISSAL. I AUTHORIZE CRISP INDUSTRIES, LLC. TO MAKE AN INVESTIGATION OF ANY OF THE FACTS SET FORTH IN THIS APPLICATION. CRISP INDUSTRIES, LLC. MAY CONTACT ANY LISTED REFERENCES ON THIS APPLICATION. I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE USED AND THAT PREVIOUS EMPLOYERS WILL BE CONTACTED.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">OFFICE USE ONLY</div>	WELDING TEST: <div style="display: flex; flex-direction: column; align-items: flex-start;"><div><input type="checkbox"/> GOOD</div><div><input type="checkbox"/> MODERATE</div><div><input type="checkbox"/> POOR</div></div>	CUT TEST: <div style="display: flex; flex-direction: column; align-items: flex-start;"><div><input type="checkbox"/> GOOD</div><div><input type="checkbox"/> MODERATE</div><div><input type="checkbox"/> POOR</div></div>	READS BLUEPRINT: <div style="display: flex; flex-direction: column; align-items: flex-start;"><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div>	HIRE AS: <div style="display: flex; flex-direction: column; align-items: flex-start;"><div><input type="checkbox"/> WELDER</div><div><input type="checkbox"/> HELPER</div></div>	RATE OF PAY: <div style="text-align: right;">\$ _____/HR</div>
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