



Employment Application

Crisp Industries, Inc. P.O. BOX 326 Bridgeport, TX 76426 (940) 683-4070

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex national origin, citizenship, age, physical or mental disability or any other characteristics.

PERSONAL INFORMATION

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

POSITION INFORMATION

POSITION APPLIED FOR: _____
DEPARTMENT/GROUP: _____

DRIVING INFORMATION

<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: _____
<u>TRAFFIC CONVICTIONS:</u> (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

WORK RELATED INJURIES

A. HAVE YOU EVER FILED A CLAIM WITH WORKMAN'S COMPENSATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE: _____
B. HAVE YOU EVER INJURED YOUR BACK? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE: _____

EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT)

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? YES NO
HAVE YOUR EVER BEEN RELEASED FROM EMPLOYMENT BECAUSE OF DRUG OR ALCOHOL ABUSE? YES NO
WILL YOU SUBMIT TO A DRUG SCREENING TEST BEFORE EMPLOYMENT? YES NO
WILL YOU SUBMIT TO A PERIODIC DRUG SCREENING TEST? YES NO
DO YOU HAVE PREPAID LEGAL INSURANCE? YES NO

PHYSICAL HISTORY

LIST ANY PHYSICAL LIMITATIONS (SUCH AS EYESITE, LIMB IMPAIRMENT, DIABETES)

ARE YOU PHYSICALLY CAPABLE OF HEAVY MANUAL WORK? _____
HAVE YOU EVER BEEN INJURED ON THE JOB? _____
GIVE NATURE OF INJURY. _____
HOW MUCH TIME LOST FROM WORK IN THE PAST THREE YEARS FOR ILLNESS? _____

APPLICANT READ AND SIGN BEFORE SUBMITTING THIS APPLICATION.

ALL DRIVING RECORDS ARE CHECKED PRIOR TO EMPLOYMENT. DRIVER RECORD MUST MEET COMPANY REQUIREMENTS. INABILITY TO MAINTAIN REQUIRED DRIVER RECORDS, FAILURE OF DRUG OR ALCOHOL TESTING, AND ANY VIOLATION OF WRITTEN COMPANY POLICY WILL BE GROUNDS FOR DISMISSAL . ALL THE ABOVE INFORMATIO IS TRUE AND CORECT AND I UNDERSTAND THAT THE INFORMATION IN THIS A P-PLICATION WILL BE USED AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR PURPOSES OF INVESTI-IGATION AS REQUIRED BY 391.23 OF THE MOTOR CARRIER SAFETY REGULATIONS.

SIGNATURE OF APPLICANT: _____ DATE _____

OFFICE USE ONLY	<u>WELDING TEST:</u>	<u>CUT TEST:</u>	<u>READS BLUEPRINTS:</u>	<u>HIRE AS:</u>	<u>RATE OF PAY</u>
	<input type="checkbox"/> GOOD <input type="checkbox"/> MODERATE <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> MODERATE <input type="checkbox"/> POOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WELDER <input type="checkbox"/> HELPER	\$ _____ / HR