



NOTE: Payroll is issued via direct deposit.  
If hired, you need to have an account set up with a bank, credit union or other financial institution before your first pay is issued.

**KASPAR COMPANIES**  
Applicant Instructions

(Incomplete applications will not be considered. Please use a black pen and press firmly.)

Thank you for your interest in working with our company. We look forward to the possibility of you joining our team in the near future. This sheet is for your information. Please tear it off and keep it for reference.

Complete the attached Application and sign the Certification and Authorization for Release of Employment Records. Use the abbreviation "N/A" if a particular provision or section in the application form is not applicable to the position for which you are applying.

Your application will remain on file for a period of three (3) months. It will be reviewed and matched with appropriate positions when they become available. If you are among the most qualified applicants for a position, an interview will be arranged. You should notify us in writing if your address or telephone number changes during the three (3) month period your application is on file.

Employment decisions are made solely on the basis of qualifications required to perform the work. Qualifications include education, training, work experience and other job performance factors. Credentials and experience will be verified through schools, current and/or former employers and licensing/certification agencies. As an Equal Opportunity employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sexual orientation, sex, pregnancy, physical or mental disability (unrelated to ability to do the job) or age (as defined by law).

Candidates offered employment will be required to pass a criminal background check, physical and drug test prior to their anticipated start date.

**Note:** The Social Security numbers of all newly hired employees are verified through the federal Social Security Administration verification process. As required by law, Kaspar Companies reports all newly hired employees to the Attorney Generals' office of the state in which the employee is hired.

**Thank you for applying with us!**

**Please Note the Following**

Kaspar Companies does not participate in the Texas Workers' Compensation Program. Injuries that occur on the job are handled and processed through a privately managed benefits program. You will have certain responsibilities in that regard if you are employed and wish to have such benefits available to you.



College, Trade, Business or Other School					
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Please list all training or skills you possess that help qualify you for this position:

Please list all equipment or machines you can operate:

**MILITARY SERVICE**

Are you a U.S. veteran? Yes  No  If yes, list dates of service:

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

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

**EMPLOYMENT HISTORY**

**Please list all present and past employers starting with the most recent.**

EMPLOYER INFORMATION	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
NAME	FROM (MM/YY)	TO (MM/YY)		
ADDRESS	STARTING RATE OF PAY	FINAL RATE OF PAY	<input type="checkbox"/> LAYOFF	
CITY & STATE			<input type="checkbox"/> RESIGNATION	
PHONE NUMBER	STARTING POSITION	FINAL POSITION	EXPLAIN:	
TYPE OF BUSINESS				
NAME OF SUPERVISOR				
EMPLOYER INFORMATION	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
NAME	FROM (MM/YY)	TO (MM/YY)		
ADDRESS	STARTING RATE OF PAY	FINAL RATE OF PAY	<input type="checkbox"/> LAYOFF	
CITY & STATE			<input type="checkbox"/> RESIGNATION	
PHONE NUMBER	STARTING POSITION	FINAL POSITION	EXPLAIN:	
TYPE OF BUSINESS				
NAME OF SUPERVISOR				

EMPLOYER INFORMATION	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
NAME	FROM (MM/YY)	TO (MM/YY)		<input type="checkbox"/> DISCHARGE <input type="checkbox"/> LAYOFF <input type="checkbox"/> RESIGNATION  EXPLAIN:
ADDRESS	STARTING RATE OF PAY	FINAL RATE OF PAY		
CITY & STATE				
PHONE NUMBER	STARTING POSITION	FINAL POSITION		
TYPE OF BUSINESS				
NAME OF SUPERVISOR				

EMPLOYER INFORMATION	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
NAME	FROM (MM/YY)	TO (MM/YY)		<input type="checkbox"/> DISCHARGE <input type="checkbox"/> LAYOFF <input type="checkbox"/> RESIGNATION  EXPLAIN:
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CITY & STATE				
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ADDRESS	STARTING RATE OF PAY	FINAL RATE OF PAY		
CITY & STATE				
PHONE NUMBER	STARTING POSITION	FINAL POSITION		
TYPE OF BUSINESS				
NAME OF SUPERVISOR				

Please explain any periods of unemployment that lasted longer than 3 months:

\_\_\_\_\_

Have you ever been terminated from employment? Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**DRIVING RECORD**

Please complete the following section 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 \_\_\_\_\_

Type (check which applies):  Operator  Commercial Operator  Chauffeur

In the past five (5) years, list all accidents in which you were involved 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 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 Known

## 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.

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Signature

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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