



C.A.P.S. INC.

13080 Hollenberg Drive ● Bridgeton, Mo 63044
Ph: 314.739.2002 ● Fax: 314.739.7889
www.capsinc.net

Applicants,

We appreciate your interest in C.A.P.S. Inc. Thank you for taking the time to fill out an application.

To avoid any confusion, there are a few things we would like you to know:

1. Your application will be forwarded to the Human Resource Department. If they develop an opening for which you seem qualified, they will contact you. **Do not** call to check the status of your application. You will be contacted by the Human Resource Department if appropriate. **No information will be given over the phone.**
2. The receptionist will not answer any questions about job openings, job descriptions, hours, wages, etc. All information will come from the Human Resource Department at the proper time.
3. C.A.P.S. Inc. requires a drug screen for all employees (Full and Part-time).
4. Random drug tests are given at C.A.P.S. Inc.
5. Please print out the application form and mail it to the address shown below. You may also drop off your application at the address below.
Note: Do not expect an interview when dropping off your application.

C.A.P.S. Inc.
13080 Hollenberg Drive
Bridgeton, Mo. 63044
Attn: Human Resources

Any questions you may have will be answered if you are called by the Human Resource Department.



C.A.P.S. INCORPORATED

PRE-EMPLOYMENT APPLICATION

Our company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, age, color, religion, national origin, veteran status or any disability which is not job-related.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. ***This application will remain active for thirty days from the date it is filled out.***

PLEASE PRINT

Date _____ / _____ / _____

Name _____ Home Phone (____) _____
 First M. Last

Present Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

(Address for last 10 Years)

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Social Security No. XXX-XX- _____ Are you over 18? Yes _____ No _____

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States?

Yes _____ No _____

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI?

Yes _____ No _____ If Yes, please state the offense, date and disposition.

NOTE: A conviction will not necessarily disqualify you from employment.

Drivers License: State _____ Type _____ Currently Valid? Yes _____ No _____

EMPLOYMENT DESIRED:

Position applied for _____ Salary Desired _____

Date available to start _____

Have you ever applied to our company before? Yes _____ No _____

Have you ever worked for our company before? Yes _____ No _____

If you answered yes to either question above, please state when and where you applied and/or worked.

How did you learn of our company and/or position? _____

Are there any days or hours you would be unable or unwilling to work? Yes _____ No _____

If yes, please specify these days or hours you would be unable or unwilling to work.

FOR INFORMATION ONLY: **First Shift 7 a.m. to 7 p.m.** **Second Shift 7 p.m. to 7 a.m.**

EDUCATION:

Name, Address & Location	Graduate?	Course Studied
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High School	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	

College	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	

Trade School	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	

List and describe any other school or specialized training _____

MILITARY:

Have you ever served in the military? Yes _____ No _____

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

CAPABILITY/RELIABILITY:

Is there any reason you would be unable or unwilling to perform any of the task required by the job you are applying for?

Yes _____ No _____

If yes, please explain _____

Have you ever been disciplined for violating company safety rules and regulations?

Yes _____ No _____

If yes, please explain _____

Is there any reason why you would be unable or unwilling to report to work on time every day on a regular and consistent basis?

Yes _____ No _____

If yes, please explain _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR - DO NOT REFERENCE YOUR RESUME

Employer Name _____ Telephone Number (____) _____

Address _____
Street Address City State Zip Code

Name/Title of Supervisor _____ Your Title _____

Dates Employed From _____ / _____ To _____ / _____ Pay _____ / _____
Month / Year Month / Year Start \$ End \$

Duties _____

Reason for Leaving _____

Employer Name _____ Telephone Number (____) _____

Address _____
Street Address City State Zip Code

Name/Title of Supervisor _____ Your Title _____

Dates Employed From _____ / _____ To _____ / _____ Pay _____ / _____
Month / Year Month / Year Start \$ End \$

Duties _____

Reason for Leaving _____

Employer Name _____ Telephone Number (____) _____

Address: _____
Street Address City State Zip Code

Name/Title of Supervisor _____ Your Title _____

Dates Employed From _____ / _____ To _____ / _____ Pay _____ / _____
Month / Year Month / Year Start \$ End \$

Duties _____

Reason for Leaving _____

WORK HISTORY (CONT.)

Employer Name _____ Telephone Number (____) _____

Address _____
Street Address City State Zip Code

Name/Title of Supervisor _____ Your Title _____

Dates Employed From: _____ / _____ To _____ / _____ Pay _____ / _____
Month / Year Month / Year Start \$ End \$

Duties _____

Reason for Leaving _____

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name (s)

Are you presently employed? Yes _____ No _____

If yes, may we contact your present employer? Yes _____ No _____

Have you ever been fired, or asked to resign, from a job? Yes _____ No _____

If yes, please explain _____

SPECIAL SKILLS

Use the space below to describe why you are interested in working for our company and please list those skills and abilities which you feel will qualify you for a position with us. If you need more space please continue on a separate sheet of paper.

REFERENCES

Name _____

Address _____
 Street City State Zip Code

Phone _____ Occupation _____

Name _____

Address _____
 Street City State Zip Code

Phone _____ Occupation _____

Name _____

Address _____
 Street City State Zip Code

Phone _____ Occupation _____

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application for or during any views may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Company. I understand that the taking of drug and alcohol tests when given pursuant to Company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the company is authorized to enter into any written or verbal employment contract with me for any definite period of time without the express consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the Company at any time for any reason or no reason at all, with or without prior notice.

SIGNATURE

_____/_____/_____
DATE