



## C.A.P.S. Inc.

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13080 Hollenberg Drive | Bridgeton, MO 63044  
Phone 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 Resources 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 Resources 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 Resources Department at the proper time.
3. C.A.P.S. Inc. requires a drug screen and background check 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 Resources Department.





**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**

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

