

# CASTOR MATERIALS INC

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER  
DATE: \_\_\_\_\_

### ***PERSONAL INFORMATION*** (Please Print)

NAME [LAST, FIRST, MIDDLE]		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		

### ***EMPLOYMENT DESIRED***

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN? _____		
HAVE YOU EVER BEEN EMPLOYED BY CASTOR MATERIALS IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, REASON FOR LEAVING: _____		
DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF EMPLOYEE: _____		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO (Proof of citizenship or immigration status will be required upon employment)		
HAVE YOU BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO (Conviction will not necessarily disqualify applicant from employment)		

**FORMER EMPLOYERS**

DATE MONTH/ YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			

ARE YOU CURRENTLY ON A LAY-OFF AND SUBJECT TO RECALL?  YES  NO

ARE YOU A VETERAN OF THE U.S MILITARY?  YES  NO

IF YES, WHAT BRANCH? \_\_\_\_\_

**NAME & LOCATION OF SCHOOL**

**YEARS  
ATTENDED**

**DID YOU  
GRADUATE**

GRAMMAR SCHOOL		
HIGH SCHOOL		
TRADE SCHOOL		

**GENERAL**

SPECIAL TRAINING/SKILLS	
DRIVERS LICENSE #  CDL : <input type="checkbox"/> YES <input type="checkbox"/> NO CLASS _____	U.S. MILITARY SERVICE RANK

**APPLICANT'S CERTIFICATION AND AGREEMENT**

(Please read carefully)

In consideration of being employed, I understand and agree that:

1. If I misrepresent or deliberately omit facts in my application, I may be refused employment or, if employed, I may be terminated.
2. The employer has my authorization to thoroughly investigate my work and personal history. I hereby consent to take any test, whenever the employer deems it necessary, in any employer investigation. I will hold no person, corporation or organization liable for my giving or it's receiving of information in such an investigation.
3. If employed, I may terminate my employment at any time without notice or cause, and the employer may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of the employer and I understand that no department head or representative of the employer, other than the President of the company, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
4. Any doctor, hospital or testing laboratory has my consent to conduct medical or drug testing on me, and I hereby give my consent to having all information released for the employer to determine my abilities to perform job duties now or in the future. I also give my consent to physical searches of myself and my tool box, lunch box, car, locker or any packages or purse I have while on the employer's premises, whether or not I have a lock on such items.
5. The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I accept these conditions of employment.
6. The employer is an equal opportunity employer. The employer does not discriminate in employment and on question on my employment application is used for the limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.
7. If employed, I understand that my employment is for no definite period of time, and if terminated, the employer is liable only for wages or salary earned as of the date of termination.
8. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
9. This application is current and active for only six months. At the conclusion of this time, if I have not had any contact from the employer and still wish to be considered for employment, it will be necessary for me to complete a new application.

***I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE