

CASAPPA CORPORATION ~ EMPLOYMENT APPLICATION

WE OFFER EQUAL EMPLOYMENT OPPORTUNITY TO ALL BASED UPON INDIVIDUAL MERIT & WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY. GIVE COMPLETE ANSWERS & PRINT CLEARLY.

NAME: LAST:	FIRST:	MIDDLE:	DATE:
ADDRESS: NUMBER, STREET, ETC.			PHONE:
CITY OR TOWN:		STATE:	ZIP CODE:
APPLYING FOR : (GIVE SPECIFIC JOB TITLE/S)			SHIFT WORK ? <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>1</u>	EMPLOYER NAME:		PHONE:
ADDRESS:		CITY:	STATE:
			ZIP:
SUPERVISOR'S NAME & TITLE:		DATE HIRED:	TERMINATED:
FINAL WAGE: \$	LEFT, WHY?		JOB TITLE:
YOUR DUTIES / SKILLS:			
<u>2</u>	EMPLOYER NAME:		PHONE:
ADDRESS:		CITY:	STATE:
			ZIP:
SUPERVISOR'S NAME & TITLE:		DATE HIRED:	TERMINATED:
FINAL WAGE: \$	LEFT, WHY?		JOB TITLE:
YOUR DUTIES / SKILLS:			
<u>3</u>	EMPLOYER NAME:		PHONE:
ADDRESS:		CITY:	STATE:
			ZIP:
SUPERVISOR'S NAME & TITLE:		DATE HIRED:	TERMINATED:
FINAL WAGE: \$	LEFT, WHY?		JOB TITLE:
YOUR DUTIES / SKILLS:			
EDUCATION	SCHOOL NAME / LOCATION	DEGREE / STUDIED	YEARS COMPLETED
HIGH SCHOOL			
TRADE SCHOOL			
COLLEGE / VO-TECH			
OTHER SPECIAL TRAINING OR EDUCATION:			

ADDITIONAL INFORMATION

1	ARE YOU AT LEAST 18 YEARS OF AGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	HAVE YOU EVER BEEN CONVICTED OF A CRIME (S)	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YES, EXPLAIN THE NATURE OF THE OFFENSE, DATE, AND PENALTY:

3	DO YOU HAVE ANY RELATIVES IN OUR EMPLOY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, GIVE NAME(S), RELATIONSHIP(S), AND WORK LOCATION(S).

4	HAVE YOU EVER WORKED FOR OR APPLIED TO CASAPPA CORPORATION BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, GIVE DATE, LOCATION, AND TYPE OF WORK..

5	IS THERE ANY LEGAL REASON WHY YOU CANNOT BE EMPLOYED IN THIS COUNTRY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, EXPLAIN.

IMPORTANT-READ THE FOLLOWING CERTIFICATION AND AGREEMENT CAREFULLY BEFORE SIGNING .

IN MAKING THIS APPLICATION FOR EMPLOYMENT, I CERTIFY THAT THE STATEMENTS I HAVE MADE ARE TRUE, COMPLETE AND CORRECT, AND I AGREE THAT ANY WILLFULLY FALSE STATEMENTS OR MISREPRESENTATIONS HEREIN, WHENEVER DESCERNED, ARE JUST CAUSE FOR CASAPPA CORPORATION EITHER TO REFUSE OR TO TERMINATE MY EMPLOYMENT. FURTHER, I AUTHORIZE ANY SCHOOL OR FORMER EMPLOYER TO DISCLOSE TO CASAPPA CORPORATION UPON REQUEST ANY INFORMATION THEY MAY HAVE AS TO MY RECORD, PERFORMANCE, AND ATTENDANCE AND WILL HOLD SUCH SCHOOLS AND EMPLOYERS HARMLESS FOR SUCH DISCLOSURE. I AGREE TO TAKE THE REQUIRED DRUG SCREENING TEST FOLLOWING AN OFFER OF EMPLOYMENT. I UNDERSTAND THAT THIS APPLICATION BECOMES VOID AFTER 30 DAYS UNLESS RENEWED PERSONALLY OR IN WRITING BY ME. I HAVE READ AND DO UNDERSTAND AND SUBSCRIBE TO THIS CERTIFICATION AND AGREEMENT.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF CASAPPA CORPORATION. I ALSO AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT MY OPTION OR AT THE OPTION OF CASAPPA CORPORATION, I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTAIVE OF CASAPPA CORPORATION, OTHER THAN THE CHAIRMAN OF THE BOARD OR THE SENIOR VICE PRESIDENT, HUMAN RESOURCES AND ADMINISTRATION HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT GUARANTEING MY EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, NOR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE:	DATE SIGNED:
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FOR COMPANY USE ONLY (IF HIRED)

DIVISION:	LOCATION:	DEPARTMENT:
JOB TITLE:	SALARY:	STARTING DATE: