

ALL INFORMATION WILL BE KEPT CONFIDENTIAL & USED FOR RECORD KEEPING & HIRING PURPOSES

PLEASE PRINT

EMPLOYMENT APPLICATION

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This is to affirm Casper Construction, Inc.'s policy of providing Equal Opportunity to all employees and applicants for employment in accordance with all applicable Equal Employment Opportunity/Affirmative Action laws, directives and regulations of Federal, State and Local governing bodies or agencies thereof.

Our organization will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, membership or activity in a local human rights commission, or status with regard to public assistance.

DATE: _____

FULL NAME (FIRST MIDDLE LAST): _____

WHAT JOB POSITION ARE YOU SEEKING? _____

PERSONAL INFORMATION

ADDRESS:		PHONE #:	
CITY:		CELL #:	
STATE:		SOCIAL SECURITY #:	
EMAIL:			

DRIVERS LICENSE INFORMATION

STATE:	
LICENSE #:	
TYPE/CLASS:	
ENDORSEMENTS:	

DO YOU BELONG TO A UNION?

- ☐ No
☐ Yes – which union number? _____

WHAT DATE CAN YOU START? _____

HAVE YOU EVER BEEN EMPLOYED BY CASPER CONSTRUCTION? IF YES, WHAT CREW AND FROM WHAT DATES?

ARE YOU CURRENTLY EMPLOYED?

- ☐ No
☐ Yes

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S. WITH OR WITHOUT AN EMPLOYMENT VISA?

- ☐ No
☐ Yes

WILL YOU REQUIRE EMPLOYMENT VISA SPONSORSHIP?

- ☐ No
☐ Yes

ARE YOU WILLING TO TRAVEL?

- ☐ No
☐ Yes

WORK EXPERIENCE—last 5 years

EMPLOYER	LENGTH OF EMPLOYMENT	SUPERVISOR (NAME & PHONE #)	EMPLOYMENT DUTIES

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS?

- ☐ No
☐ Yes

EDUCATION HISTORY

	NAME OF SCHOOL	DIPLOMA/DEGREE	YEARS COMPLETED	GRADUATION DATE
HIGH SCHOOL/GED				
COLLEGE/UNIVERSITY				
TRADE/GRADUATE SCHOOL				

APPLICABLE EDUCATION & SAFETY TRAINING

UP TO DATE TRAINING	STATE	SUPERVISOR OR WORKER	EXPIRATION DATE
HAZMAT/HAZWOPER			
MSHA			
CPR / FIRST AID			
ASBESTOS			
OTHER			

PLEASE LIST ANY OTHER QUALIFICATIONS AND SKILLS YOU BELIEVE ARE RELEVANT TO POSITON BEING APPLIED FOR.

REFERENCES - Please list three (3) professional references

NAME	ORGANIZATION	PHONE NUMBER	RELATION

Please read the following statements. If they are accurate, please sign this application form. Applications which are not signed will not be considered as properly completed.

I certify that all of the information given on this job application form is true, complete and correct to the best of my knowledge. By signing this form, I am acknowledging that any false or misleading information supplied by me shall be grounds for not hiring me. I am also acknowledging that any false or misleading information supplied by me shall be grounds for automatic discharge from employment, should this fact be discovered after I have been hired.

I authorize any current and former employers listed in this application to release public and/or private personnel data (as defined in MS 13.43) to Casper Construction, Inc., and I authorize persons contacted by Casper Construction, Inc. to respond to questions. I also authorize Casper Construction, Inc. to conduct a criminal background check on me. I understand that potential consideration for employment is conditioned upon the results of a reference and/or criminal background check and authorize Casper Construction, Inc. to investigate statements made by me on the job application and/or during the interview process.

I authorize Casper Construction, Inc. to investigate all statements and information included on this application, including but not limited to my employment record. I release Casper Construction, Inc. and all educational institutions, employers and personal references I have listed herein, and their employees, officers and agents, from any and all liability for all claims or damages of any kind in connection with the release of information about me to Casper Construction, Inc. pursuant to this authorization, and do hereby further agree to defend, indemnify and hold harmless Casper Construction, Inc., educational institutions, employers and personal references from and against any and all such actions, causes of actions, suits, losses, liabilities, damages and expenses (including attorneys' fees).

I understand that this application is not a contract of employment.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Casper Construction, Inc. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause or notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Casper Construction, Inc., or unless the employee becomes a member of a union recognized by Casper Construction, Inc.

Signature: _____ Date: _____

NOTICE: CASPER CONSTRUCTION IS A DRUG FREE WORKPLACE. PRE-EMPLOYMENT DRUG SCREENING AND RANDOM TESTING WILL REQUIRED DURING YOUR EMPLOYMENT.



Thank you for applying to Casper Construction, Inc. Please return application to us at our office or by e-mail (with all signatures) at hr@caspercon.com.

We will contact you if you are selected to proceed in the hiring process. If you have questions about the application, please call our office and ask for HR.



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

Applicant/Employee Information		
Last Name:	First Name:	Middle:
AKA's/Maiden/Other Names Used:		
Present Street Address:		
City:	State:	Zip:
Social Security Number:	Date of Birth:	Sex: M F
Driver's License Number:	State of Issue:	

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **CASPER CONSTRUCTION, INC.** ("the Company") at any time after receipt of this authorization and throughout my employment or performance of services, if applicable. I agree that these reports may be delivered to me in either written or electronic form. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information, including criminal background information, requested by **PTC Assist LLC, 9 Compound Drive, Hutchinson, Kansas 67502; telephone: 620-669-4484, www.ptcassist.com** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants/employees: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants/employees: You acknowledge and authorize the Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company.

Washington State applicants/employees: You have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California, Minnesota and Oklahoma applicants/employees:

☐ Check this box to receive a copy of any consumer report, and/or investigative consumer report (as defined by applicable California state law) if one is obtained.

Email Address: _____

Signature: _____

Date: _____