



EMPLOYEE APPLICATION

P.O. BOX 1287, 1311 W. HWY 114, LEVELLAND, TX 79336
PHONE (806) 894-6189 FAX (806) 894-6181

NAME

FIRST

LAST

DRIVERS LICENSE #

STATE

WHICH COMPANY ARE YOU APPLYING FOR?

FLATLANDS CUSTOM ACCESSORIES

K-BAR TEXAS ELECTRIC

1ST CLASS PLUMBING, HEATING

FLATLANDS DIESEL & AUTO SERVICE

ATTENTION ALL APPLICANTS

In order to be considered for employment with K-Bar Texas Electric you must:

1. Must be 21 years of age to drive
2. Have a valid drivers license and Social Security Card
3. Sign and date the following Criminal Background Check and Annual Drivers License Record Check

APPLICATIONS WILL BE HELD ON FILE FOR 90 DAYS

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

RE: HB705 IMPLEMENTATION

I hereby give consent to K-Bar Texas Electric Inc. to have a representative preform a pre-employment and annual criminal background check in accordance with the Texas House Bill 705 that became effective September 5, 2003. I understand the law is designed to prevent violent criminals and registered sex offenders from being sent to someone's residence to perform work. It is my responsibility to notify K-Bar Texas Electric Inc. of any new criminal convictions that might affect my ability to perform my employment requirements.

I also give K-Bar Texas Electric consent to check my driving record annually. I am also responsible of notifying k-Bar Texas Electric of any driver's license suspensions that might affect my ability to drive.

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the Company may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the Company may terminate my employment at any time, with or without notice or reason.

SIGNATURE

DATE

APPLICATION FOR EMPLOYMENT

PERSONAL

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
STREET ADDRESS		HOME PHONE NUMBER	
CITY, STATE, ZIP		CELL PHONE NUMBER	
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US BEFORE?			
YES	NO	IF YES: MONTH AND YEAR	LOCATION
POSITION DESIRED		PAY EXPECTED	
APART FROM ABSENCE FOR RELIGIOUS OBSERVANCE, ARE YOU AVAILABLE FOR FULL-TIME WORK?			
YES	NO	IF NOT, WHAT HOURS CAN YOU WORK?	WILL YOU WORK OVERTIME IF ASKED? YES NO
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?		WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?	
OTHER SPECIAL SKILLS (LANGUAGES, MACHINE OPERATION, ETC.)			

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE				YES NO	
COLLEGE				YES NO	
BUSINESS/ TRADE / TECH				YES NO	
HIGH SCHOOL				YES NO	
ELEMENTARY				YES NO	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
(EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION OR NATURAL ORIGIN)

EMPLOYMENT

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

1
2
3
4

COMPANY NAME

TELEPHONE

FROM: TO:

ADDRESS

EMPLOYMENT - (STATE MONTH AND YEAR)

START: LAST:

NAME OF SUPERVISOR

WEEKLY PAY

STATE JOB TITLE AND DESCRIBE YOUR WORK:

REASON FOR LEAVING:

COMPANY NAME

TELEPHONE

FROM: TO:

ADDRESS

EMPLOYMENT - (STATE MONTH AND YEAR)

START: LAST:

NAME OF SUPERVISOR

WEEKLY PAY

STATE JOB TITLE AND DESCRIBE YOUR WORK:

REASON FOR LEAVING:

COMPANY NAME

TELEPHONE

FROM: TO:

ADDRESS

EMPLOYMENT - (STATE MONTH AND YEAR)

START: LAST:

NAME OF SUPERVISOR

WEEKLY PAY

STATE JOB TITLE AND DESCRIBE YOUR WORK:

REASON FOR LEAVING:

COMPANY NAME

TELEPHONE

FROM: TO:

ADDRESS

EMPLOYMENT - (STATE MONTH AND YEAR)

START: LAST:

NAME OF SUPERVISOR

WEEKLY PAY

STATE JOB TITLE AND DESCRIBE YOUR WORK:

REASON FOR LEAVING:

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

DO NOT CONTACT

EMPLOYER'S NUMBER, REASON:

MILITARY

DID YOU SERVE IN THE U.S ARMED FORCES?

YES
NO

IF "YES" WHAT BRANCH?

DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

IF THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, THE INFORMATION REQUESTED IS NEEDED FOR A LEGALLY PERMISSIBLE REASON, INCLUDING, WITHOUT LIMITATION, NATIONAL SECURITY CONSIDERATIONS, A LEGITIMATE OCCUPATIONAL QUALIFICATION OR BUSINESS NECESSITY. THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. FEDERAL LAW ALSO PROHIBITS DISCRIMINATION BASED ON AGE AND CITIZENSHIP. THE LAWS OF MOST STATES ALSO PROHIBIT SOME OR ALL OF THE ABOVE TYPES OF DISCRIMINATION AS WELL AS SOME ADDITIONAL TYPES SUCH AS DISCRIMINATION BASED UPON ANCESTRY, MARITAL STATUS OR PHYSICAL OR MENTAL HANDICAP OR DISABILITY.

<input checked="" type="checkbox"/>	PROVIDE THE DATES YOU ATTENDED SCHOOL:	ELEMENTARY FROM _____ TO _____	NUMBER OF DEPENDANTS, INCLUDING YOURSELF <input checked="" type="checkbox"/>
	HIGH SCHOOL FROM _____ TO _____	COLLEGE FROM _____ TO _____	ARE YOU A VIETNAM VETERAN? <input checked="" type="checkbox"/> YES NO
	OTHER (GIVE NAMES AND DATES)		SEX <input checked="" type="checkbox"/> MALE FEMALE
<input checked="" type="checkbox"/>	MARITAL STATUS	SINGLE ENGAGED MARRIED SEPERATED DIVORCED WIDOWED	DATE OF MARRIAGE <input checked="" type="checkbox"/>
			ARE YOU A U.S. CITIZEN? <input checked="" type="checkbox"/> YES NO
<input checked="" type="checkbox"/>	WHAT WAS YOUR PREVIOUS ADDRESS?		HOW LONG AT YOUR PRESENT ADDRESS? <input checked="" type="checkbox"/> YEARS: _____
			HOW LONG AT YOUR PREVIOUS ADDRESS? <input checked="" type="checkbox"/> YEARS: _____
<input checked="" type="checkbox"/>	HAVE YOU EVER BEEN BONDED? YES NO		ARE YOU OVER 18 YEARS OF AGE? YES NO
	IF "YES" WHAT EMPLOYERS?		<input checked="" type="checkbox"/> IF NOT, EMPLOYMENT IS SUBJECT TO VERIFICATION OF AGE
<input checked="" type="checkbox"/>	HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? YES NO		
	IF "YES" DESCRIBE IN FULL:		
<input checked="" type="checkbox"/>	STATE NAMES OF RELATIVES WORKING FOR US, OTHER THAN YOUR SPOUSE.		
<input checked="" type="checkbox"/>	HAVE YOU RECEIVED WORKERS COMPENSATION OR DISABILITY INCOME PAYMENTS? YES NO		
	IF "YES" DESCRIBE:		
<input checked="" type="checkbox"/>	HAVE YOU PHYSICAL DEFECTS WHICH PRECLUDE YOU FROM PERFORMING CERTAIN JOBS? YES NO		
	IF "YES" DESCRIBE LIMITATION:		
<input checked="" type="checkbox"/>	DO YOU HAVE ANY PHYSICAL CONDITIONS WHICH MIGHT LIMIT YOUR ABILITY TO PERFORM THE JOB WHICH YOU ARE APPLYING FOR? YES NO		
	IF "YES" DESCRIBE LIMITATION AND HOW YOU CAN PERFORM THE JOB IN SPITE OF IT:		
<input checked="" type="checkbox"/>	HAVE YOU HAD A MAJOR ILLNESS IN THE PAST 5 YEARS? YES NO		
	IF "YES" PLEASE DESCRIBE:		

THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE. IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN DISMISSAL.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE.

IF YOU DECIDE TO ENGAGE AN INVESTIGATIVE CONSUMER REPORTING AGENCY TO REPORT ON MY CREDIT AND PERSONAL HISTORY I AUTHORIZE YOU TO DO SO. IF A REPORT IS OBTAINED YOU MUST PROVIDE, AT MY REQUEST, THE NAME OF THE AGENCY SO I MAY OBTAIN FROM THEM THE NATURE AND SUBSTANCE OF THE INFORMATION CONTAINED IN THE REPORT.

SIGNATURE

DATE

SIGNATURE