

8027 Exchange Drive Austin, TX 78754 512-637-2540-MAIN 512-637-2541-FAX

www.cypressindustries.com

EMPLOYMENT APPLICATION

An Equal Opportunity Employer: Cypress Industries (the "Company") is an equal opportunity employer. The Company recruits, employs, trains, compensates, and promotes without regard to race, religion, creed, color, national origin, age, gender, sexual orientation, marital status, disability, veteran status, or any other basis protected by applicable federal, state, or local law.

		PERSO	NAL				
Last Name:	First Name	:		MI:	SS#:	DL#:	
Present Address:							
Home Phone:	Mobile #:			Email:			
Permanent Address, if di	fferent from present	address:					
If hired can you provide pro	of that you are legally	able to work in the	he United St	ates?	Yes		No
How were you referred to	us?						
Advertisement Employe	е	Employmen	t Agency	Walk-In		Other	
Have you ever been convict	ed of a criminal offens	se (felony or mise	demeanor)?	If yes, pleas	e state the nati	ure of	
offense(s), date(s), city, sta	te, and disposition on	a separate shee	t of paper. A	lote: An affiri	mative answer	will not	
necessarily result in disq	ualification for empl	oyment:					
Yes	No .	•					
List any relatives or friends		2001		Relations	hin:		
List any relatives of menus	employed by the Com	рапу.		Relations	nip.		
Have you smoked in the	last five years?	Yes	No				
riave you silloked in the	iasi iive years:	163	INU				
		EMPLOY	MENT				
Position Desired:		Salary Des					
What days and hours are	e vou available to we						
Are you available for ove		Yes		No			
Are you over 18 years of		Yes		No			
When are you available							
Are you able to perform the ess		b for which you are	e applying?		Yes	No	
·	•	·	,				
		SKIL	LS				
Are you able to operate a po	ersonal computer?	Yes	No	Types of S	oftware:		
List other office machine	s vou can operate:						
	- ,						
Specific skills or training:	What knowledge, s	special skills, a	nd/or indiv	idual capab	ilities do vou	have	
which especially prepare				.aaa. capas			
minor coposition, propare	you lot the pooling.	аррос					



Are you licensed/certified for the job you are applying for?

Name of license/certification:

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EDUCATION

		# of years		Degree(s)	
		complete	Graduated:	or	
Type of School	Name & Location of School	d	Yes No	Diploma(s)	Major Field(s) of Study
High School or					
Trade School					
Business or Tecl	า.				
School					
Jr. College and/o	or				
University					
Other Training					
(Explain)					

EMPLOYMENT HISTORY

Yes

No

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g. volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

Answer all of the following questions if you are applying for a professional, licensed or certified position

Issuing state:				
License certification number:				
Is your license/certification ever been revoked or suspended? Yes No If yes, explain:				No
POSITIONS HELD				
Company Name:	Date Employed:		Starting Sala	ary:
	From:	То:	Ending Sala	ary:
Street Address:	Job Title:		Hours Work	ed:
			From:	То:
City, State, Zip Code:	Specific Job Duties:			
Telephone:				
Supervisor:	2			
	3			
Is this your current employer? Yes No	Reason for leaving:			
May we contact this employer? Yes No	What is the most impo	ortant skill demo	onstrated on t	he job?



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Company Name:	Date Employed:		Starting Salary:
	From:	То:	Ending Salary:
Street Address:	Job Title:		Hours Worked:
			From: To:
City, State, Zip Code:	Specific Job Duties: 1		
Telephone:			
	2		
Supervisor:	3		
Is this your current employer? Yes No	Reason for leaving:		
May we contact this employer? Yes No	What is the most importa	nt skill demoi	nstrated on the job?

POSITIONS HELD

Company Name:	Date Employed:		Starting Salary:
	From:	To:	Ending Salary:
Street Address:	Job Title:		Hours Worked:
			From: To:
City, State, Zip Code:	Specific Job Duties:		
Telephone:	2		
Supervisor:	3		
Is this your current employer? Yes No	Reason for leaving:		
May we contact this employer? Yes No	What is the most impor	rtant skill demo	onstrated on the job?



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PERIODS OF UNEMPLOYMENT

Please account for all periods of unemployment within the last seven (7) years, beginning with your most recent period of unemployment.

Dates Unemployed	Reasons for Unemployment:
From: To:	
Dates Unemployed	Reasons for Unemployment:
From: To:	
Dates Unemployed	Reasons for Unemployment:
From: To:	
PEI	RSONAL REFERENCES
Please list at least two (2) persons N	IOT related to you who have known you for at least five (5) years.
	dress: Phone No.:
Name: Add	dress: Phone No.:



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APPLICANT'S STATEMENT

(Initial each numbered item as read)

1 The information that I have provided on this and may be verified by the Company or its agents.	application is accurate to the best of my knowledge
2 I authorize all the schools, persons and or or any relevant information in their possession or knowled deciding whether or not to offer me employment and I herby release the Company, my former employers ademands, or liabilities arising out of or in any way relationship.	edge to the agents of the Company, for use in specifically waive any required written notification. and all claims,
3 I understand that the Company is committed Accordingly, I may be subject to a pre-employment b I further understand that if employed, I may be subject Company has reasonable suspicion to believe that I a My consent to submit to such a test is required as a consent shall result in a refusal to hire or, if already experience.	blood test, urinalysis or drug/alcohol screening. ct to such a drug and alcohol screening if the arm under the influence of a drug or alcohol. condition of employment and my refusal to
check for use in determining whether or not to offer minclude details of my driving record and criminal histo	ry. I understand that I may request a copy of these copy within five days after the date on which the request
5 I authorize the Company to obtain consumer in deciding whether or not to offer me employment. I information concerning my credit worthiness, credit streputation, personal characteristics, or mode of living based upon information obtained in any credit report, and telephone number of the consumer reporting age of my rights concerning it.	understand that such reports may include tanding, credit capacity, character, general I understand that if I am denied employment I will be provided with the name, address,
6 I understand and agree that any misrepreser be justification for refusal or termination of employme	
7 I understand and agree that the employment to be, at-will and such employment may be terminated notice, by either myself or the Company. There will be Company and me for any specific period of employment unless made in writing, signed by an authorized representation.	e no agreement, express or implied between the ent, nor for continuing or long term employment,
8 I have placed my signature in the space provapplication to the best of my ability and have carefully	· · · · · · · · · · · · · · · · · · ·
	Date
	Name
	Signature