



Jasper Products, LLC
 AN EQUAL OPPORTUNITY EMPLOYER
APPLICATIONS ONLY ACCEPTED VIA E-MAIL
 TO: HRmanager@jasperproducts.com

3877 E. 27th Street
 Joplin MO, 64804
 Phone: (417) 206-3333
 Fax: (417) 206-3434
 Email: HRmanager@jasperproducts.com

Date: _____

Interest

Position Applied For:	Full Time: Yes No	Part Time: Yes No	Temporary: Yes No
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Personal

Shifts Open To: 8 Hour Shifts Only: Day? Evening? Night? 12 Hr DAYS : 6am-6:30pm Yes No 12 Hr NIGHTS : 6pm-6:30am Yes No	Date Available To Start:	Desired Wage/Salary:	E-Mail Address:
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Name: (Last) (First) (Middle)	Contact Phone #: If contact Phone # is not yours, enter name of person it calls:
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Present Home Address: No. Street, Apt.#, City, State, Zip	Alternate Contact Phone #: If alternate contact Phone # is not yours, enter name of person it calls:
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Criminal Hist.

Social Security #:	Are you over 18? Yes No	If offered employment, can you prove U.S. citizenship or legal rights to work in the United States? Yes No
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Have you ever been convicted of a crime? Yes No

If yes, for each conviction, list the following information: Crime for which you were convicted and date of conviction.

The fact you have been convicted of a crime does not automatically bar you from employment. If convicted of a crime, additional questions pertinent to the position to which you applied, may be asked.

Previous

Previously employed by this company: Yes No	If Yes, Position:	Dept.	When:
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Education

Please select highest level of education:

	Name of School	Location	Major Area of Study	Graduated	Degree
Last High School				Yes No	
College				Yes No	
College				Yes No	
Vocational				Yes No	
Other				Yes No	

Skills

Please list position-relevant information (software, systems, machines, equipment, etc., experience, as well as, trade or professional licenses, certifications, registrations or patents):

References

List below names and addresses of three professional references (not relatives or former employers):

Name	Address	Phone

Start with most recent job, including military experience and then work backwards.

Employment History

Employment Dates	Employment History	Wages	Reason for leaving?
START WITH MOST RECENT FIRST From:	Company: _____ Phone #: _____ Address: _____ Immd. Supv.: _____	_____ Annual	Reason for leaving?:
	To:	_____ Hourly	
	Job Title(s): _____ Duties: _____		
From:	Company: _____ Phone #: _____ Address: _____ Immd. Supv.: _____	_____ Annual	Reason for leaving?
	To:	_____ Hourly	
	Job Title(s): _____ Duties: _____		
From:	Company: _____ Phone #: _____ Address: _____ Immd. Supv.: _____	_____ Annual	Reason for leaving?
	To:	_____ Hourly	
	Job Title(s): _____ Duties: _____		
From:	Company: _____ Phone #: _____ Address: _____ Immd. Supv.: _____	_____ Annual	Reason for leaving?
	To:	_____ Hourly	
	Job Title(s): _____ Duties: _____		

Certification

Please initial each statement after review:

_____ I certify the information contained in this application is **Complete and Correct** to the best of my knowledge and understand falsification or incompleteness of this information may result in not being considered for employment or dismissal at Jasper Products if I am employed.

_____ I authorize the references, former employers and educational institutions listed on this application, to give Jasper Products (JP) any and all information concerning my previous employment, to the full extent allowed by law.

_____ I understand if a conditional offer of employment is extended, and before actual employment commences, I may be required to submit to urine and/or other medical testing for detection of alcohol, drugs and/or other controlled substances in accordance with company policies.

_____ If a conditional offer of employment is made, I understand that JP will conduct a reference and/or an independent background check. I agree to cooperate with JP in providing any information necessary for this background check.

_____ I understand as a condition of employment, I will be required to show identification which proves my legal right to work in the US.

_____ If employed, I agree to follow the policies, rules, regulations and other directives of Jasper Products.

_____ I understand my employment can be terminated, with or without cause and with or without notice, at any time, at the option of JP or me.

_____ I have reviewed and understood the above statements and I acknowledge that no other representations have been made to me as of this date concerning employment with JP.

Date: _____ **Signature of Applicant:** _____