



PO Box 68
Overton, TX 75684
Phone: 903-834-7007 Fax: 903-834-6017
www.arpcovalves.com

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age (for those age 40 or over), or any other basis protected by federal, state, or local law. This employment application is only active for 60 days. After this time period a separate employment application must be submitted in order to be considered for employment.

PERSONAL PLEASE PRINT CLEARLY Date

First Name Middle Last
Street Address Social Security No.
City/State/Zip Phone ()
How did you find out about this job? Newspaper Referral Other
If hired, do you have a reliable means of transportation to get to work? Yes No What is it?
Minimum salary expected Are you at least 21 years old? Yes No
If the job you are applying for requires driving: Driver's License No. State Issued Expiration Date
Are you legally eligible for employment in the U.S.? Yes No (Proof of U.S. Citizenship or immigration status will be required if hired.)
Have you been convicted of a felony? Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

EMPLOYMENT DATA

Are you seeking: Temporary Full-Time Part-time What position(s) are your applying for?
What hours and shift(s) would you prefer to work?
What hours and shift(s) would you prefer not to work?
Please indicate any shift(s) you would not be available to work.
Are you willing to work overtime? Yes No Weekends? Yes No Holidays? Yes No
Are you currently employed? Yes No If hired, when would you be able to start?
Have you ever worked for this organization before? Yes No If yes, name used:
List any friends or relatives employed by this company:
Are you on layoff and subject to recall? Yes No
Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe:
How many days have you missed from school or work within the last year other than approved vacation, sick, or disability leave?
How many days have you been late to school or work within the last year other than approved vacation, sick, or disability leave?
Please describe:
If applicable, please refer to the attached job description for the position for which you are applying: Are you able to perform all these tasks with or without reasonable accommodation? Yes No Please describe which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:

EDUCATION (Circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D. College: 1 2 3 4 5 6 7 8
Name of School: Name of School: Name of School:
Location of School: Location of School: Location of School:
If currently in high school, are you enrolled in a recognized co-op program? Yes No Degree & Major:
If yes, identify program and school: Minor:

MILITARY SERVICE

Are you a veteran? Yes No If yes, give dates of service: From _____ To _____ List any special skills or training: _____

WORK HISTORY (Please list your last four employers. Begin with the most recent)

1. Company _____ Phone No. with Area Code () _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To: _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specify reason for leaving: _____
2. Company _____ Phone No. with Area Code () _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To: _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specify reason for leaving: _____
3. Company _____ Phone No. with Area Code () _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To: _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specify reason for leaving: _____
4. Company _____ Phone No. with Area Code () _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To: _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specify reason for leaving: _____

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.

I authorize the company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination. In the event I receive medical treatment for any conditions, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and company-designated physician. I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read and agree to the above.

Applicant's Signature _____ Date _____

Check over the foregoing application, making sure it is complete and signed.