



CAPCO LLC
 1349 Arcadia Drive
 Columbus, IN 47201
 Tel: 812-375-1700
 Fax: 812-375-1800

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Personal Information:

Date:

LAST NAME:	FIRST NAME:	MIDDLE NAME:	
PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:
PERMANENT ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	REFERRED BY:		

Employment Desired:

TYPE OF WORK PREFERRED:	DESIRED SHIFT: 1st 2nd Any
DATE YOU CAN START:	SALARY DESIRED:

Education History:

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL:			
COLLEGE:			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL:			

General Information:

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS:	
US MILITARY OR NAVAL SERVICE:	RANK:

Work History: (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

References: BELOW GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN ATLEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal or professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant

from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's President.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understood, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant:	Date:
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Emergency Contact: LIST THE NAME AND TELEPHONE NUMBER OF AN INDIVIDUAL WE CAN REACH IN CASE OF AN EMERGENCY.

NAME:	RELATIONSHIP:
HOME NUMBER:	CELL NUMBER: