





**SPECIAL QUESTIONS**

**DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED**  
 **A BOX PRECEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS**

HEIGHT \_\_\_\_\_ feet \_\_\_\_\_ inches  Are you a U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION?

JOB FUNCTION 1: \_\_\_\_\_ YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATION?

JOB FUNCTION 2: \_\_\_\_\_ YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATION?

WERE YOU EVER SERIOUSLY INJURED? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ GIVE DETAILS

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_ READ \_\_\_\_\_ WRITE

Are you on probation or have you ever been on probation? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Describe

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ DESCRIBE

Have you been convicted of any firearms or explosives violation?

I understand and agree that I may be required to take one or more  physical examination:  lie detector test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s) \_\_\_\_\_ Yes \_\_\_\_\_ No

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. \_\_\_\_\_ Yes \_\_\_\_\_ No

\* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

**AUTHORIZATION**

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.  
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE

SIGNATURE

INTERVIEWED BY

DATE

NEATNESS

CHARACTER

PERSONALITY

ABILITY

INTERVIEWED BY

DATE

NEATNESS

CHARACTER

PERSONALITY

ABILITY

INTERVIEWED BY

DATE

NEATNESS

CHARACTER

PERSONALITY

ABILITY

HIRED

FOR DEPT.

POSITION

SALARY

WAGES

WILL REPORT

APPROVED: 1.

EMPLOYMENT MANAGER

DATE

APPROVED: 2.

DEPARTMENT MANAGER

DATE

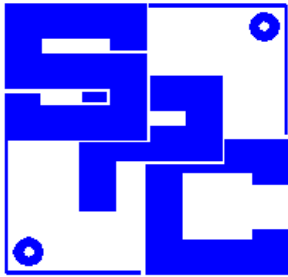
APPROVED: 3.

GENERAL MANAGER

DATE

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INQUIRY. TOPS Form No. 3287 Employee's Record File contains a section for this purpose, while also serving as a means for up date recording of employment status changes and to hold all employment forms.

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.



# SMITH PUMP COMPANY, INC.

## Background Check Authorization

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_

Home Address:

Street Address(No PO Boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

How long have you lived at current address? \_\_\_\_\_

Previous Address:

Street Address(No PO Boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Drivers' License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been convicted of a felony or misdemeanor within the last ten years? \_\_\_\_\_

If yes, provide explanation: \_\_\_\_\_

Year \_\_\_\_\_ State/Country \_\_\_\_\_ Offense \_\_\_\_\_

In connection with my application for employment (including contract for services) with Smith Pump Company, Inc., I understand that investigative background inquiries are to be made on myself.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I release any person and/or agencies contacted by this employer from any damage and/or liable acts that may result from obtaining the above information.

The above information is used solely for criminal history checks.

Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SMITH  
PUMP  
COMPANY, INC.**

301 M&B Industrial  
(800) 299-8909 (254) 776-0377

Waco, Texas 76712  
FAX (254) 776-0023

Disclosure of request for driver's license and driver's record and my authorization allowing **Smith Pump Company, Inc.** to obtain a driver's license and record report (consumer report) about me.

1. I understand that **Smith Pump Company, Inc.** desires to obtain a copy of my Driver's License and Driver's Record and that this report may be considered a Consumer's Report about me.
2. I understand that **Smith Pump Company, Inc.** desires to obtain this Report in connection with my employment with **Smith Pump Company, Inc.**
3. I authorize **Smith Pump Company, Inc.** to obtain a Driver's License and Driver's Record Report (Consumer Report) about me.
4. I agree that any consumer reporting agency may provide such a report about me to **Smith Pump Company, Inc.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Printed Name

H:\winword\drivingrecordrelease.doc

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San Antonio, Texas 78265

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