



Date Sent for Drug Screen

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please use blue or black ink, print clearly and completely fill out all requested information. Please use "NA" where questions do not apply.

Application Date: _____
Salary Requirements: _____

Position Applied For: _____
Date Available for Employment: _____

PERSONAL DATA			
Last Name	First Name	Middle Name	
Current Address			Home Phone ()
City	State	Zip	Daytime Phone ()

Are you over 18 years of age? Yes/No Driver's License Number # _____ State _____

Have you ever been employed w/CST? ___ Yes ___ No; If "Yes", list dates: _____

After an employment offer has been made, can you present documented proof of your legal right to work in the United States? Yes /No

Are you willing to relocate? Yes/No

Are you willing to work any shift? Yes/No If yes, shift preferred _____
If no, shift preferred _____

EDUCATION/CERTIFICATIONS			
Circle the last grade of school completed: 6 7 8 9 10 11 12 13 14 15 16+		Are you a high school graduate? Yes/No GED	Name, City and State of High School
Colleges/Universities attended	City and State	Major	Degree/Years Completed
Business/Trade Schools Attended	City and State	Area of Training	Diploma/Years Completed
Certifications/Licenses (i.e. mechanics, carpenter, Class C CDL, etc.)			

U.S. MILITARY SERVICE

Service Branch _____ Rank _____ Specialty _____

SKILLS

Foreign Languages: (Proficiency to speak, read or write) _____

Describe special skills or work related skills: _____

(Applicant may substitute a resume for employment history on the following page.)

Equal Employment Opportunity

Instructions: Please attach a supplement sheet for additional employment history information.

EMPLOYMENT HISTORY				
Name & Address of Employer	From Mo/Yr	To Mo/Yr	Position Starting/Ending	Rate of Pay Starting/Ending
Describe duties, responsibilities and accomplishments:				
Reason for leaving:				
EMPLOYMENT HISTORY				
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EMPLOYMENT HISTORY				
Name & Address of Employer	From Mo/Yr	To Mo/Yr	Position Starting/Ending	Rate of Pay Starting/Ending
Describe duties, responsibilities and accomplishments:				
Reason for leaving:				
PROFESSIONAL REFERENCES				
Name:	Telephone ()	Work Relationship:		
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Name:	Telephone ()	Work Relationship:		

CLASSIC SOFT TRIM IS A DRUG-FREE WORKPLACE

Classic Soft Trim strictly prohibits the possession, sale, distribution or use of illegal drugs, or legal drugs that are illegally or improperly obtained, while on company property (including parking lots and grounds) or while performing work duties away from CST property. It is prohibited to distribute, possess or consume alcoholic beverages while on company property, or while performing work duties away from CST property. Employees are also prohibited from having any such illegal drugs or alcohol in their systems while at work or on duty. All Classic Soft Trim employees are hired contingent on passing a pre-employment drug screen. All drug-screen test expenses are incurred by CST. Refusal to submit to testing, or a positive test result will be a basis to refuse employment to the applicant. All test results will be released in strict confidence to authorized CST Human Resource personnel only.

APPLICANT:

I have read, understand and accept the above.

Date: _____ Signature: _____

The information provided in this application is true and correct. I am aware that information in this application can be investigated with my complete permission. I understand that any false or incorrect information disclosed in this application is grounds for dismissal or unfavorable consideration. I understand that this application does not create a contractual obligation of employment between employer and employee and does not require the employer to continue employment of me in the future. I understand that this application is the property of Classic Soft Trim, Inc. and will become part of my personnel file upon hire.

Date: _____ Signature: _____



Disclosure to Employees Regarding MOTOR VEHICLE REGISTRATION CHECKS

In connection with your employment with Classic Soft Trim, Inc., we may from time to time procure a consumer report on you to determine your eligibility for employment, your continued eligibility of employment or to consider you for another position. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document (see attached).

By your signature below, you hereby authorize us to obtain a consumer report about you as described above, at any time during your employment with Classic Soft Trim, Inc.

By your signature below, you hereby authorize us to obtain a current motor vehicle record regarding your driving history, at any time during your employment with Classic Soft Trim, Inc.

Employee Name: _____
(PLEASE PRINT)

Employee Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____ State: _____

Signature: _____

Branch: _____

Copy Driver's License Here

Please fax into HR at 512/ 491-3622 with the Employment Application.



APPLICANT EEO DATA FORM
Supplementary Information

The information requested is being collected for the purpose of reporting "Federal and Equal Employment Opportunity Agencies" and will not be considered as part of the application for employment.

Date _____

Ethnicity

Name _____
Print Name

_____ White

Address _____

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ Asian

Phone _____

_____ Hispanic or Latino

SS# _____

_____ American Indian or Alaska Native

Sex: Male Female

_____ Two or More Races

Position Applying for: _____

Date of Birth: _____

U.S. Citizen or Legal Resident: _____



CST Leather, Sunroof, Mobile Video & Electronics Installers:

As a condition of employment with Classic Soft Trim, Inc. it will be necessary for you to have or acquire the following tools prior to your first day of work. These are your working tools and CST is not responsible for lost or stolen tools. It is recommended that you keep your tools in a locking type toolbox and mark them with your name. CST provides employees with the costly specialty tools required for our industry.

Leather Installers & Seat-Pull Drivers:

- Battery powered screw gun (9.6 volt or higher)
- Screw Gun Bits – Assorted Sizes, Phillips and Torx
- Metric socket set (8mm to 17 mm; regular and deep well)
- Standard socket set (3/8 to 1 1/4; regular and deep well)
- Dykes (wire snips)
- Needle nose pliers
- Hook Tool
- Door Tool
- 3/8 Driver Ratchet
- Pick Set
- Screw Drivers (#1, #2, #3 both Phillips & Flat head)
- Regular pliers
- Standard & Metric wrench set
- Tor-X bits (T12 thru T55, male & female)
- Locking toolbox.

Sunroof, Mobile Video & Electronics Installers:

- Cordless Drill
- 1/4" Phillips Bits, #1, #2, and #3
- 1/4" & 3/8" Ratchet Set, Metric & Standard
- Assorted Screw Driver Set
- Measuring Tape
- Clip Removal Tool
- Set of 1/4" Tor-X Bits 10-30
- 8" Half Round Bastard File
- Wire Strippers
- Wire Crimper
- Wrench Set, Metric & Standard
- Needle Nose Pliers
- Headliner Tucking Tool
- Putty Knife, 3"-5" Flexible
- Circuit Tester, 12 volt / Multi-Meter
- Channel Lock Pliers
- Magnetic Nut Driver, 1/4" & 5/16"

- T-45 & T-50 3/8" Drive Socket
- Pliers, Diagonal Cut
- Pliers, Standard Slip Joint
- Hex Key Set, Metric
- Utility Knife
- Awl
- Flashlight
- 4 Piece Hook & Pick Set
- Folding Razor Blade Scraper
- Ball Peen Hammer, 16oz
- Soft Face Hammer
- 1/4" Hex to 1/4" Square Adapter Bit
- Hand Rivet Gun
- Tin Snips, Left and Right
- Pneumatic Blow Gun
- Radio/head removal tools
- Toolbox
- Pneumatic Air Hammer
- Pneumatic Air Hammer Bit Set
- Drill Bit Set – Assorted Sizes
- Digital Multimeter

CST Interviewer (sign):

_____ Date: _____

Employment candidate (sign):

_____ Date: _____