



FLEET MAINTENANCE OF TEXAS

Since 1969

4800 E. 7TH STREET + AUSTIN, TEXAS 78702
 TEL 512.836.8000 + 512.385.8427 FAX
 TOL 800.365.0373 + WWW.FMTAUSTIN.COM WEB

PERSONAL INFORMATION

LAST NAME		FIRST NAME	MIDDLE NAME	DATE	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS	STREET, CITY, STATE AND ZIP CODE	TELEPHONE NUMBER ()
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PERMANENT ADDRESS	STREET, CITY, STATE AND ZIP CODE	E-MAIL ADDRESS
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ARE YOU PRESENTLY LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ON A FULL-TIME BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	1ST LOCATION PREFERENCE	2ND LOCATION PREFERENCE	THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967, AS AMENDED, PROTECTS APPLICANTS AND EMPLOYEES 40 YEARS OF AGE OR OLDER FROM DISCRIMINATION ON THE BASIS OF AGE IN HIRING PROMOTION, DISCHARGE, COMPENSATION, TERMS, CONDITIONS OR PRIVILEGES OF EMPLOYMENT
	ARE YOU UNDER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS IT EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED FOR OTHER THAN MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, GIVE DATE, NATURE AND PLACE OF EACH CONVICTION
CURRENT LICENSE #	STATE	HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> YES, IF SO WHAT COMPANY? <input type="checkbox"/> NO	HAVE YOU EVER BEEN REFUSED A BOND? <input type="checkbox"/> YES, IF SO WHAT COMPANY? AND REASON <input type="checkbox"/> NO

EDUCATION

NAME OF SCHOOL OR COLLEGE	LOCATION	ATTENDED (1)				MAJOR SUBJECT	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
		FROM		TO				
		MO	YR	MO	YR			
HIGH SCHOOL								
COLLEGE								
TRADE BUSINESS OR CORRESPONDENCE SCHOOL?								

EMPLOYMENT (LIST LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

EMPLOYER	ADDRESS	POSITION/TITLE
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DESCRIBE WORK EXPERIENCE

DATES EMPLOYED (MO/YR)	SALARY	SUPERVISOR	REASON FOR LEAVING
FROM TO			

EMPLOYER	ADDRESS	POSITION/TITLE
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DESCRIBE WORK EXPERIENCE

DATES EMPLOYED (MO/YR)	SALARY	SUPERVISOR	REASON FOR LEAVING
FROM TO			

EMPLOYER	ADDRESS	POSITION/TITLE
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DESCRIBE WORK EXPERIENCE

DATES EMPLOYED (MO/YR)	SALARY	SUPERVISOR	REASON FOR LEAVING
FROM TO			

EMPLOYER	ADDRESS	POSITION/TITLE
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DESCRIBE WORK EXPERIENCE

DATES EMPLOYED (MO/YR)	SALARY	SUPERVISOR	REASON FOR LEAVING
FROM TO			

EMPLOYER	ADDRESS	POSITION/TITLE
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EMPLOYMENTContinued

HAVE YOU EVER WORKED AT OUR LOCATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF ANSWER IS "YES", PLEASE STATE WHERE AND DATES OF SERVICE	WHY DO YOU WISH TO LEAVE YOUR PRESENT EMPLOYER?	MAY WE REFER TO YOU PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
FOR WHAT POSITION ARE YOU APPLYING?	MINIMUM BASE SALARY	IF OFFERED EMPLOYMENT, HOW SOON CAN YOU REPORT FOR WORK?	

DESCRIBE BRIEFLY THE TYPE OF WORK WHICH YOU ARE BEST QUALIFIED TO DO BY REASON OF EDUCATION, PREVIOUS EMPLOYMENT OR TRAINING AND TELL WHY YOU FEEL QUALIFIED FOR THE POSITION FOR WHICH YOU ARE APPLYING.

PERSONAL REFERENCES (OTHER THAN FORMER EMPLOYERS AND RELATIVES)

NAME	ADDRESS	OCCUPATION
NAME	ADDRESS	OCCUPATION

Fleet Maintenance of Texas, Inc's policy concerning applicants for employment are as follows: Applicants are to be recruited, selected and hired without discrimination because of race, color, religion, sex, age, national origin, handicap or disability.

In addition, personnel procedures and practices with regard to training, promotion, transfer, compensation, demotion, lay off or termination, are to be administered with due regard to job performance, experience and qualifications, but without discrimination because of race, color, religion, sex, age, national origin, handicap or disability.

The company is subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 which require that the company take affirmative action to employ and advance in employment qualified handicapped individuals and disabled veterans. If you have such a handicap or disability and would like to be considered under these affirmative action programs, please inform the employment office.

Information obtained concerning individuals shall be kept confidential, except when necessary for managerial decisions.

I certify that all the information contained in this application is true, complete and correct to the best of my knowledge, and I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment, I hereby authorize investigation of all statements contained in this application.

 Signature of Applicant Date

This application will be effective for 60 days from the date signed. After 60 days, applicants must refile for further consideration.

NOT TO BE COMPLETED BY APPLICANT

COMMENTS OF INTERVIEWER ON JOB RELATED ITEMS