



EMPLOYMENT

APPLICATION

PERSONAL INFORMATION:

FULL NAME: _____ **DATE:** _____

First Middle Last

ADDRESS:

Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____ **DESIRED PAY:**
\$ _____ HOUR SALARY

POSITION APPLIED FOR:

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES, IF SO WHEN? _____ YEAR TO _____ YEAR
 NO

ARE YOU PRESENTLY LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ON A FULL-TIME BASIS?

YES NO

ARE YOU UNDER THE AGE OF 18? YES NO

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.

DO YOU HAVE A VAILD DRIVERS LICENSE? YES NO

HAS IT EVER BEEN SUSPENDED OR REVOKED? YES NO

CURRENT LICENSE # _____ **STATE** _____

HAVE YOU EVER BEEN CONVICTED FOR ANYTHING OTHER THAN MINOR TRAFFIC VIOLATIONS?

YES NO

IF YES, PLEASE GIVE THE DATE, NATURE, AND PLACE OF EACH CONVICTION.

HAVE YOU EVER BEEN BONDED? YES, IF SO WHAT COMPANY? _____ NO

HAVE YOU EVER BEEN REFUSED A BOND? YES, IF SO WHAT COMPANY? _____ NO

EDUCATION:

NAME OF HIGH SCHOOL: _____ LOCATION: _____

ATTENDED: ____ MO ____ YR TO ____ MO TO ____ YR SCHOLASTIC AVERAGE: _____

DID YOU GRADUATE? YES NO

NAME OF COLLEGE: _____ LOCATION: _____

ATTENDED: ____ MO ____ YR TO ____ MO TO ____ YR SCHOLASTIC AVERAGE: _____

DEGREE: _____ DID YOU GRADUATE? YES NO

NAME OF TRADE, BUSINESS OR CORRESPONDENCE SCHOOL: _____

LOCATION: _____

ATTENDED: ____ MO ____ YR TO ____ MO TO ____ YR SCHOLASTIC AVERAGE: _____

DEGREE/CERTIFICATION: _____ DID YOU GRADUATE?

YES NO

PREVIOUS EMPLOYMENT: LIST THE LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST.

EMPLOYER: _____ POSITION/TITLE: _____

ADDRESS: _____

DESCRIBE WORK EXPERIENCE: _____

DATES EMPLOYED: ____ MO ____ YR TO ____ MO TO ____ YR SALARY: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING: _____

EMPLOYER: _____ POSITION/TITLE: _____

ADDRESS: _____

DESCRIBE WORK EXPERIENCE:

DATES EMPLOYED: ____ MO ____ YR TO ____ MO TO ____ YR SALARY: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING:

EMPLOYER: _____ POSITION/TITLE:

ADDRESS:

DESCRIBE WORK EXPERIENCE:

DATES EMPLOYED: ____ MO ____ YR TO ____ MO TO ____ YR SALARY: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING:

EMPLOYER: _____ POSITION/TITLE:

ADDRESS:

DESCRIBE WORK EXPERIENCE:

DATES EMPLOYED: ____ MO ____ YR TO ____ MO TO ____ YR SALARY: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING:

REFERENCES: OTHER THAN FORMER EMPLOYERS AND RELATIVES

NAME: _____ ADDRESS:

OCCUPATION: _____ RELATIONSHIP: _____

NAME: _____ ADDRESS:

OCCUPATION: _____ RELATIONSHIP: _____

BRIEFLY DESCRIBE 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.

Fleet maintenance of Texas, Inc's policy concerning applications 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 due regard to job training, promotion, transfer, compensation, demotion, lay-off or termination are to be administered 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 Veteran's Readjustment Assistance Act of 1974 which require that the company take alternative 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 those affirmative action's 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 for employment. I hereby authorize investigation of all statements contained in this application.

Printed Name

Signature of Applicant

Date

This information will be effective for 60 days from the date signed. After 60 days, applicants must complete a new application for further consideration.

NOT TO BE COMPLETED BY APPLICANT

COMMENTS OF INTERVIEWER ON JOB RELATED ITEMS