

## 6180 E US 290 GIDDINGS, TX 78942 Ph: 979-542-9300 Fax: 979-542-9310

E-MAIL: mechanalube@hotmail.com

| Employment Application Position Applying for:        |                                |   |   |            |  |  |  |
|--|--------------------------------|---|---|------------|--|--|--|
| Name<br>Last   | DOB                            |   |   |            |  |  |  |
|  | First                          |   |   |            |  |  |  |
| AddressStreet  |                                | City  | State   | Zip Code   |  |  |  |
| Telephone  |                                | Email   |   |            |  |  |  |
| e you able to perform the ess                        |                                | **** * * * * * * * * * * * * * * * * * *                  |   | •          |  |  |  |
| osition without accommodatio                         | ons?                           | Work overtime   | Work overtime? □ Yes □ No                     |            |  |  |  |
| Yes □ No   |                                |   | Provide a valid Driver's License?   Yes   No  |            |  |  |  |
| m legally eligible for employr                       | ment in the U.S.?              |   | If so, fill out the following: Issuing state: |            |  |  |  |
| Yes   □  No<br>ım seeking a permanent posi           | ition                          | Type:<br>Endorsement(s): □ Hazardous Material □ Passenger |   |            |  |  |  |
| Yes □ No   | tion                           |   | □ Tankers □ Tank with Hazardous Materials     |            |  |  |  |
| 100 110  |                                | □ School Bus □ Double/Triple trailers                     |   |            |  |  |  |
| •••••••  | • •                            |   | List other equipment you can                  |            |  |  |  |
|  |                                | operate:  |   |            |  |  |  |
|  |                                | -   |   |            |  |  |  |
| ears history recommended  Employer name and address: | Position title/duties, skills: |   | Start date:                                   | End date:  |  |  |  |
| Limployer hame and address.                          | Position title/duties, skills. |   | Start date:                                   | End date:  |  |  |  |
|  |                                |   | Reason for                                    | leaving:   |  |  |  |
|  |                                |   |   |            |  |  |  |
| Pay: \$  | Cupanican                      | Talanhana   |   |            |  |  |  |
| Per:   | Supervisor:                    | Telephone:  | Chart data:                                   | Find data. |  |  |  |
| Employer name and address:                           | Position title/duties, skills: |   | Start date:                                   | End date:  |  |  |  |
|  |                                |   | Reason for                                    | leaving:   |  |  |  |
| Pay: \$  |                                |   |   |            |  |  |  |
| Per:   | Supervisor:                    | Telephone:  |   |            |  |  |  |
| Employer name and address:                           | Position title/duties, skills: |   | Start date:                                   | End date:  |  |  |  |
|  |                                |   | Reason for                                    | eaving:    |  |  |  |
| Pay: \$  |                                |   |   |            |  |  |  |
| Per:   | Supervisor:                    | Telephone:  |   |            |  |  |  |
| Employer name and address:                           | Position title/duties, skills: |   | Start date:                                   | End date:  |  |  |  |
|  |                                |   | Reason for l                                  | eaving:    |  |  |  |
| Pay: \$  |                                |   |   |            |  |  |  |
| Per:   | Supervisor:                    | Telephone:  |   |            |  |  |  |

| COMMENTS Sur  | mmarize other e     | employment re   | elated to t  | his job:               |                                 |                     |  |
|---|---------------------|---|--------------|------------------------|---------------------------------|---------------------|--|
|   |                     |   |              |                        |                                 |                     |  |
|   |                     |   |              |                        |                                 |                     |  |
| ,   |                     |   |              |                        |                                 |                     |  |
|   |                     |   |              |                        |                                 |                     |  |
|   |                     |   |              |                        |                                 |                     |  |
| EDUCATIONAL   |                     |   | a with the   | most recent            |                                 |                     |  |
| INSTITUTIO  |                     | attended, beginning with the most recent.  YEARS FIELD OF STUDY |              | DEGRE                  | DEGREE(s)/DIPLOMA(s)            |                     |  |
|   | COMPLETED           |   |              |                        | EARNED                          |                     |  |
|   |                     |   |              |                        |                                 |                     |  |
|   |                     |   |              |                        |                                 |                     |  |
|   |                     |   |              |                        |                                 |                     |  |
| SKILLS & QUA  | LIFICATI            | ONS   |              |                        | ·                               |                     |  |
| Other qualifications such                                     | as special skills   | abilities or be   | nore that    | should be conside      | rod:                            |                     |  |
|   | as special skills   | , abilities of 110  | illois tilat | siloulu be collside    | rieu.                           |                     |  |
| Types of computers, softwa                                    | are, and other equ  | uipment you are   | qualified t  | o operate or repair:   |                                 |                     |  |
| Professional licenses, ce                                     | rtifications or reg | gistrations:  |              |                        |                                 |                     |  |
| Additional skills, including                                  | g supervision ski   | lls, other langu  | lages or ir  | nformation regardi     | ng the career/occu              | pation you wish to  |  |
| bring to the employer's a                                     | ttention:           |   |              |                        |                                 |                     |  |
| Typing speed:p  | er minute           |   |              |                        |                                 |                     |  |
|   |                     |   |              |                        |                                 |                     |  |
| Are you a veteran? □ Ye                                       | es 🗆 No             |   |              |                        |                                 |                     |  |
| Duty/specialized training:                                    |                     |   |              |                        |                                 |                     |  |
| REFERENCES  |                     |   |              |                        |                                 |                     |  |
| List two personal referen                                     | ces who are not     | relatives or for  | mer supe     | rvisors.               |                                 |                     |  |
| NAME  |                     | ADDRESS   |              | OCCUPATION             | YEARS<br>ACQUAINTED             | TELEPHONE           |  |
| TW WIL  | ,                   | NDDINEGO  |              | COOCI ATION            | ACQUAINTED                      | ( )                 |  |
|   |                     |   |              |                        |                                 | , ,                 |  |
|   |                     |   |              |                        |                                 | ( )                 |  |
| CONTACT   |                     |   |              |                        |                                 |                     |  |
| In case of accident or illness, please contact: Name:Address: |                     |   |              |                        | Daytime phone:<br>Relationship: |                     |  |
|   |                     |   |              |                        |                                 | · — — —             |  |
| As part of our procedure                                      | for processing v    | our employme  | nt applica   | tion, your persona     | I and employment                | references may be   |  |
| checked. If you have mis discharged from your job             | srepresented or     | omitted any fac   | cts on this  | application, and a     | are subsequently h              | ired, you may be    |  |
| If necessary for employm                                      | nent, you may be    | e required to: s  | supply you   | ir birth certificate o | or other proof of aut           | thorization to work |  |
| in the United States, have                                    | e a physical exa    | mination and/o  | or a drug to | est or to sign a cor   | nflict of interest agr          | eement an dabide    |  |

by its terms. I understand and agree to the information shown above.