



APPLICANT INFORMATION (PRINT):

Position Desired: _____

Name: _____ Social Security Number: ____ - ____ - ____

Date of Birth: ____ / ____ / ____ Phone Number: (____) ____ - ____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT:

Name: _____

Phone Number: (____) ____ - ____ Relationship: _____

EDUCATION:

Highest Level Completed: _____

Name of Last School Attended: _____

City: _____ State: _____ Zip Code: _____

WORK AUTHORIZATION:

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of a Felony? ☐ Yes* ☐ No

*If yes, please explain:

A conviction of a crime is not an automatic bar from employment and all circumstances will be considered.

Do you have a valid driver's license? ☐ Yes (Complete Below) ☐ No

DL#: _____ State: _____ Expiration Date: ____ / ____ / ____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes* ☐ No

*If yes, please explain:

Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes* ☐ No

*If yes, please explain:

Do you have reliable transportation to and from work? ☐ Yes ☐ No

Have you had a DWI/DUI within the past 5 years? ☐ Yes, Date(MM/YY):____/____ ☐ No

EMPLOYMENT HISTORY:

Starting with your most recent employer, please provide as much information as possible. List all employers for the previous 5 years.

Company Name: _____ Position/Title: _____

Phone Number: (____) ____-____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employment Start Date (MM/YY): _____ End Date (MM/YY): _____

Starting Wage: \$_____/_____ Ending Wage: \$_____/_____

Reason for Leaving: _____

Company Name: _____ Position/Title: _____

Phone Number: (____) ____-____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employment Start Date (MM/YY): _____ End Date (MM/YY): _____

Starting Wage: \$_____/_____ Ending Wage: \$_____/_____

Reason for Leaving: _____

Company Name: _____ Position/Title: _____

Phone Number: (____) ____-____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employment Start Date (MM/YY): _____ End Date (MM/YY): _____

Starting Wage: \$ _____ / _____ Ending Wage: \$ _____ / _____

Reason for Leaving: _____

Company Name: _____ Position/Title: _____

Phone Number: (____) _____ - _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employment Start Date (MM/YY): _____ End Date (MM/YY): _____

Starting Wage: \$ _____ / _____ Ending Wage: \$ _____ / _____

Reason for Leaving: _____

TO READ AND SIGNED BY APPLICANT

By signing below, I am verifying that all information above is true and correct to the best of my knowledge. I authorize Trans-Tex Cementing Services, LLC. to inquire about my previous employment as well as any other listed institution as their input may aid in the employment decision. I hereby release those parties from all liability in response to the inquiries made based on information provided in this application. I do understand that I have the right to: 1 – Review information provided by previous or current employers, 2 – Have errors in the information provided corrected by previous or current employers, 3 – have a rebuttal statement attached to the alleged erroneous information if the previous or current employer(s) and I cannot agree on the accuracy of the information. Lastly, I understand that if I am offered employment with Trans-Tex Cementing Services, LLC. that I will abide to the rules and regulations established by the offering company.

Signature: _____ Date: ____/____/____