



IO543 Bevil Blvd, Kountze, Texas 77625 Main #409-287-3672, Fax #409-287-3658 www.siebenequipmentservice.com

Specializing in Heavy Equipment and Apparatus/Fire Pump Repairs

# **APPLICATION FOR EMPLOYMENT**

Print in black or blue ink. Fill out all the information requested in this application (4 Pages). Print neat and legible.

#### PERSONAL INFORMATION

Last Name:	First Nam	e: Middle Name:
<b>Current Address:</b>		
City:	State:	Zip Code:
Phone:	Cell:	Email:
Date of Birth:		Social Security #:

#### AGE/CITIZENSHIP

Put down age if under 18:	United States Citizen?	Yes	No
If not U.S. citizen, are you authorized to work in the U.S.?		Yes	No
Note: Proof of eligibility to work in the	U.S. will be required if hir	ed.	

#### **EMPLOYMENT SOUGHT**

Position Applied For:	Salary Desire	ed:
Employment Desired: (Check One): Ful	l Time Only	Part Time Only
Days/Hours Available to Work:		
When can you start?		

Note: Applicants may be tested for illegal drugs.

SESAEFCLS(5/10/11)

# **EDUCATION BACKGROUND**

Type of School	Name of School	Full Address of School	Graduated?	Degree/Major
High School	1.4.4.1.1			
College				
College				
Business or Trade School				
Business or Trade School				
Other				

## **CRIME/CONVICTION**

Have you ever been convicted of a crime?	Yes	No
If yes, explain number of conviction(s), nature how many recently such offense (s) was/were of type(s) of rehabilitation:		

## **APPLICANT'S DRIVING INFORMATION**

Driver's License #:	State:	Exp Date:	
Type of License: Operator	Commercial (CDL)	C	Other
Do you have the means of transpo	ortation to work?	Yes	No
Have you had any accidents durin	g the past three years?	Yes	No
If yes, how many accidents?			
Have you had any moving violation	on during the past three	years? Ye	sNo
If yes, how many moving violation	15?		

### **UNITED STATES ARMED FORCES**

Have you ever been	in the U.S. armed forces?	Yes No
Specialty:	Date Entered:	Discharge Date:
Are you now a mem	ber of the National Guard? Yes	No
Specialty:	Date Ente	ered:

#### WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attached additional sheets if necessary.

Name of Employer:				
Address:				
City:	State:	2	Zip Code:	
Phone #:		Immediate Sup	ervisor:	
Employment Date	From:	Т	Го:	
Pay or Salary	Start:	F	Final:	
You last job title:		Reason for leav	on for leaving?	
Describe your duties:				

Name of Employer:			
Address:			A
City:	State:	Zi	p Code:
Phone #:		Immediate Supe	rvisor:
<b>Employment Date</b>	From:	To	o:
Pay or Salary	Start:	Fi	nal:
You last job title:		Reason for leaving	ng?
Describe your duties:			

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you complete this application yo	urself? Yes	_No

If not, who did?

#### REFERENCE

Please list two references other than relatives or previous employer.

Name:		Relationship:	
Address:			
City:	State:	Zip Code:	
Phone:		How long known?	

Name:		Relationship:		
Address:				
City:	State:		Zip Code:	
Phone:		How long know	wn?	

I hereby certify that the information I filled out in the application are true and correct to the best of my knowledge.

Signature:	
Signature.	

\_\_\_\_\_, Date:\_\_\_\_\_



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# **RELEASE OF WORK HISTORY AUTHORIZATION**

Amplicant's signatures	Deter	
Applicant's signature:	Date:	

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