

**PLEASE PRINT ALL  
 INFORMATION REQUESTED  
 EXCEPT SIGNATURE**



**APPLICATION FOR EMPLOYMENT**

**PLEASE COMPLETE PAGES 1-4.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE?     Yes    No

What is your means of transportation to work? \_\_\_\_\_

Driver's license  
number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator    Commercial (CDL)    Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?

How many? \_\_\_\_\_

Have you had any moving violations during the past three years?

How Many? \_\_\_\_\_

OFFICE ONLY

Typing        Yes  
                  No             \_\_\_\_\_ WPM

10-key      Yes  
                  No

Word                              Yes  
Processing                    No             \_\_\_\_\_ WPM

Personal     Yes        PC

Other \_\_\_\_\_

Computer    No        Mac

Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (   ) \_\_\_\_\_

Telephone (   ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?     \_\_ Yes   \_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?     \_\_ Yes   \_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**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. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

**Armstrong Warehouse & Transfer Co.**  
1211 N. Laurent St.  
Victoria, TX 77901  
(361) 575-1485

I certify that the information provided on this application was completed by me, and is truthful and accurate to the best of my knowledge. I understand that providing false or misleading information will be the basis for rejection of my application, or if employed, grounds for termination.

I authorize investigation of all statements contained herein to contact references and employers listed to give you any and all information concerning my previous employment and pertinent information they may have.

I authorize Armstrong Warehouse & Transfer Co. to process a criminal background check and driving record check for consideration of employment.

I understand that it will be necessary to take a physical and a drug test prior to employment.

I give my authorization for Armstrong Warehouse & Transfer Co. to receive the results from these tests for the purposes of my employment with them. I understand that my employment with Armstrong Warehouse & Transfer Co. is contingent upon my successful completion of the background check, driving record check, physical and drug screen.

If I am hired and voluntarily terminate my employment within 60 days of my hire date, I will be responsible for the fees for my criminal background check, driving record check, physical, and drug screen.

Applicant Signature \_\_\_\_\_

Date                    \_\_\_/\_\_\_/\_\_\_