

VERNOR MATERIAL & EQUIPMENT CO., INC.

P.O. BOX 967

CLUTE, TX 77531

APPLICATION FOR EMPLOYMENT

*This application shall only be filled out by the person requesting employment.***PERSONAL INFORMATION**Full Name: _____ Today's Date: _____
Last First M.I., Sr, Jr, Etc.

Social Security Number: _____ Telephone Number: _____

Birthdate: _____ Driver License: _____
*Number Class Expiration Date*Permanent Address: _____
*Street & Number Apartment/Unit Number*_____ *City State Zip County*Are you 18 years or older? Yes No
Are you a U.S. Citizen? Yes No
If Non-Citizen, indicate type of Visa: Resident Visitor Student OtherHave You Ever Been Employed by Vernor Material? Yes No
List Below Any Relatives Employed by Us: _____
Have You Used Any Recreational Drugs in The Past 60 Days? Yes NoHave You Worked for DOW Within the Last 90 Days? Yes No
If YES, Please Select Reason for Leaving: Resigned Terminated Reduction of Force

Email Address: _____

WORK PREFERENCESAre You Currently Employed? Yes No If NO, How Long Since Last Employment? _____ Year(s) _____ Month(s)Position Applying for & Years of Experience: _____ Year(s) _____ Month(s)
Second Choice & Years of Experience: _____ Year(s) _____ Month(s)**REFERENCES (Please List 3 NON-RELATIVE References)**

Name	Phone Number	Time Known

EMPLOYMENT HISTORY (List Most Recent Position Held)

_____	_____	_____
<i>Company Name</i>	<i>Company Telephone Number</i>	<i>Company Address</i>
_____	_____	_____
<i>Type of Business</i>	<i>Supervisor's Name</i>	<i>Reason for Leaving</i>
_____	\$ _____	\$ _____
<i>Job Title</i>	<i>Starting Salary</i>	<i>Ending Salary</i>
_____	_____	_____
<i>From</i>	_____	<i>To</i>
Reason for Leaving: _____	May We Contact Previous/Current Supervisor for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties and Responsibilities: _____		

_____	_____	_____
<i>Company Name</i>	<i>Company Telephone Number</i>	<i>Company Address</i>
_____	_____	_____
<i>Type of Business</i>	<i>Supervisor's Name</i>	<i>Reason for Leaving</i>
_____	\$ _____	\$ _____
<i>Job Title</i>	<i>Starting Salary</i>	<i>Ending Salary</i>
_____	_____	_____
<i>From</i>	_____	<i>To</i>
Reason for Leaving: _____	May We Contact Previous/Current Supervisor for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties and Responsibilities: _____		

DRIVERS SECTION ONLY

LIST ALL YOUR DRIVER LICENSES BELOW

<i>State</i>	<i>License Number</i>	<i>Class</i>	<i>Expiration Date</i>

LIST ALL YOUR TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST THREE YEARS

<i>Location</i>	<i>Date</i>	<i>Charge</i>	<i>Penalty</i>

LIST ALL TRAFFIC ACCIDENTS INVOLVED IN DURING THE LAST THREE YEARS

<i>Date</i>	<i>Nature of Accident</i>	<i>Charge (If Any)</i>	<i>Fatalities</i>	<i>Injuries</i>

LIST ALL DRIVING EXPERIENCE BELOW

<i>Class of Equipment</i>	<i>Type of Equipment (Van, Tank, Flat, Etc.)</i>	<i>Date From</i>	<i>Date To</i>	<i>Approximate Number of Miles</i>
Straight Truck				
Tractor & Semi-Trailer				
Tractor 2/Trailers				
Other				

List any special courses or training that will help you as a driver:

List any safe driving awards you hold and from whom:

List courses and training, other than those listed elsewhere in this application:

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? If yes, please explain:

Has any license, permit, or privilege been suspended or revoked? If yes, please explain:

List any additional information below:

APPLICATION INFORMATION CERTIFICATION

&

AUTHORIZATION FOR CONSUMER REPORTS

TO BE READ, ACKNOWLEDGED AND SIGNED BY ALL APPLICANTS

This certifies that this application was completed by me, and that all entries and information on it are true and correct to the best of my knowledge.

I authorize Vernor Material & Equipment Co., Inc., (VME) to make such investigations and inquires of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons, from all liability in responding to inquiries concerning my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the company, as permitted by law.

I understand VME has a **Ninety (90) Day Probationary Period** after employment where VME may terminate my employment without giving cause. I also understand that if any protective equipment given to me is lost or damaged, I am responsible to replace it.

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, worker's compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, Local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned. You further authorize ongoing procurement of the reports at any time during your employment or contract. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original. You have the right to make a request of First Advantage, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request. You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish VME with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

Date: _____

Signature: _____ **Print Name:** _____