



**SCHMIDT  
& SONS, INC.**

P.O. Box 232  
Gonzales, TX 78629  
(830) 672-2018  
Fax: (830) 672-7373

**APPLICATION FOR EMPLOYMENT**

Office/Other

**PLEASE PRINT CLEARLY AND COMPLETE ALL BLANKS – (Do not type – print in black ink)**

Level of Experience \_\_\_\_\_

Referred By \_\_\_\_\_

THIS APPLICATION WILL BE CONSIDERED FOR (30) DAYS FROM THIS DATE.  
AFTER THAT TIME, THE APPLICATION MUST BE RENEWED TO BE CONSIDERED.

An individual is not permitted to drive a motor vehicle by the Department of Transportation unless he/she is physically qualified to do so. If prior to a conditional offer of employment, you are uncertain as to whether or not you are capable of passing the DOT physical or have questions about the requirements, you may submit your application and, if contacted about employment, request additional information from our personnel. A conditional offer of employment may be made, thereafter; you will be required to answer some medical questions. You may still be sent for a physical examination. Any information provided to our company is strictly confidential and will be used only for the purposes allowed by the Department of Transportation.

<u>Last Name</u>			<u>First</u>			<u>Middle</u>			<u>Date</u>								
<u>Have you ever been known by any other name? If yes give name.</u>									<u>Best time to reach you by phone.</u>								
<u>Present street address</u>									<u>Phone</u> ( )								
<u>City</u>			<u>State</u>			<u>Zip</u>			<u>Phone</u> ( )								
<u>Permanent Address</u>																	
<u>Residence for past 3 years</u>																	
<u>Social Security Number:</u>																	
How did you here about our company? (Circle all that apply) Radio TV Billboard Newspaper Magazine Other: List All -						Do you have the legal right to work in the US? If hired, proof of status will be required. ( ) YES ( ) NO											
List any driving schools: Name, Phone Number, Location, and Graduation Date						Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Post-Grad											
<u>MILITARY BRANCH</u>			<u>Dates: From</u>		<u>To</u>		<u>Highest Rank Achieved</u>			<u>Rank at Discharge</u>							
<u>Emergency Contact Name:</u>				<u>Relation</u>				<u>Phone</u>				<u>Address</u>					
<u>Reference Name:</u>			<u>Occupation:</u>			<u>Phone:</u>			<u>Reference Name:</u>			<u>Occupation:</u>			<u>Phone:</u>		

Circle Yes or No:

- A. Has any license, permit or privilege ever been revoked? Yes No
- B. Have you ever been arrested/convicted for driving under the influence of drugs or alcohol or have a current charge pending? Yes No
- C. Have you ever been arrested/convicted for possession, sale or use of a narcotic drug? Amphetamine, or derivative thereof or have a current charge pending? Yes No
- D. Have you ever been convicted of a crime or have a current charge pending? Yes No
- E. Have you ever been convicted of an offense involving the use of drugs or alcohol? Yes No
- F. Have you ever tested positive on any drug test, tested at a breath alcohol concentration level of 0.02% Or greater on a breath alcohol test, or refused to take a drug or alcohol test when you were required to do so In accordance with any Federal regulation or a previous/current employer's policy? Yes No
- If answer to either A, B, C, D, E, or F is yes, you must state the circumstances and date: \_\_\_\_\_

### EMPLOYMENT RECORD

Begin with your present or most recent job and work backwards in order, listing all employers for at least 5 years including all full time and part-time employment. All time must be accounted for including military service, school, self-employment and periods of unemployment. Use supplemental sheet if necessary for more than five employers. **We must have telephone numbers for all employers' reference.**

Have you ever been discharged from a job? If so, please explain: \_\_\_\_\_

#### CURRENT EMPLOYER:

DATES: FROM: TO:	COMPANY NAME	SUPERVISORS NAME	PHONE NUMBER	POSITION HELD & PAY RATE
ADDRESS:				

Why do you want to change employers? \_\_\_\_\_

#### SECOND LAST EMPLOYER:

DATES: FROM: TO:	COMPANY NAME	SUPERVISORS NAME	PHONE NUMBER	POSITION HELD & PAY RATE
ADDRESS:				

Reason for Leaving ? \_\_\_\_\_

#### THIRD LAST EMPLOYER:

DATES: FROM: TO:	COMPANY NAME	SUPERVISORS NAME	PHONE NUMBER	POSITION HELD & PAY RATE
ADDRESS:				

Reason for Leaving ? \_\_\_\_\_

#### FOURTH LAST EMPLOYER:

DATES: FROM: TO:	COMPANY NAME	SUPERVISORS NAME	PHONE NUMBER	POSITION HELD & PAY RATE
ADDRESS:				

Reason for Leaving ? \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that I completed this application, and that all the entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history are made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with 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.

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DATE

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APPLICANT'S PRINTED NAME

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APPLICANT'S SSN:

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APPLICANT'S SIGNATURE