

Mobile Maintenance, LLC
105 W. Washington Drive
San Angelo, TX 76903
Phone: 325-617-2714
Fax: 325-617-2715
www.mobile-maintenance.com



Application for Employment

Candidate's Name: _____ Date: _____

Address: _____

Telephone Number: _____ Email: _____

Are you 18 years of age or older?

Yes No

Are you legally authorized to work in the United States?

Yes No

Have you ever worked or attended school under another name? If so, under what name?

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: Weekends
 Holidays
 Nights
 Overtime

Have you previously worked for Mobile Maintenance.LLC? Yes No

Dates of employment with Mobile Maintenance, LLC: from _____ to _____

Reason(s) for leaving: _____

Former supervisor(s) at this company: _____

How did you learn about this opening? _____

Driver Eligibility

Do you have a valid Driver License?

Yes No

Driver License Number: _____ State: _____ Expiration: _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

Skills

Typing speed (WPM): _____

Are you experienced in using personal computers? Yes No PC Mac

Are you able to use [name any software programs that are required for the position, e.g., Microsoft Word or Excel]. What other programs are you capable of using?

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer:		Address:	
From	To:	Position Held	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To:	Position Held	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three persons who know your work, beginning with the most recent.

Name: _____	Phone Number: _____	Email: _____
Address: _____	City, State, Zip: _____	
Position or Title: _____		Years Known: _____
Name: _____	Phone Number: _____	Email: _____
Address: _____	City, State, Zip: _____	
Position or Title: _____		Years Known: _____
Name: _____	Phone Number: _____	Email: _____
Address: _____	City, State, Zip: _____	
Position or Title: _____		Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejections of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature

Date

Notice to Applicants Regarding Consumer Reports

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the Mobile Maintenance. Upon timely written request of the Personnel Department of the Company, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

Print your Name _____

Signature _____

Date _____

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Emergency Contact Information

Candidate Name

Emergency Contact Name

Address

Phone

Relation

Save Time - Request Your
Driver Record Online
www.texasonline.com

TEXAS DPS
APPLICATION FOR COPY
OF DRIVER RECORD



DR-1 (Rev. 5/04)

MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246

Make CHECK or MONEY ORDER Payable To:
TEXAS DEPARTMENT OF PUBLIC SAFETY

Any questions regarding the information on this form should be directed to
Customer Service at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired

FEE

- | | |
|---|---------------------------|
| <input type="checkbox"/> 1. Name - DOB - License Status - Latest Address. | \$ 4.00 |
| <input checked="" type="checkbox"/> 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period. | \$ 6.00 |
| <input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course. | \$ 10.00 |
| <input type="checkbox"/> 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY. | \$ 7.00 |
| <input type="checkbox"/> 3A. Certified version of #3. Furnished to Licensee ONLY and is Acceptable for DDC Course. | \$ 10.00 |
| <input type="checkbox"/> Other: (Original Application, DWLS, etc.) | \$ _____
(If Required) |

Mail Driver Record To: (Please Print or Type)

HARLOW DARREN
Requestor's Last Name Requestor's First Name
105 W WASHINGTON DR 01012003
Street Address Texas Driver License Number
SAN ANGELO TX 76903 325-617-2714
City State Zip Code Daytime Telephone Number (include area code)

If requesting on behalf of a business, organization, or other entity, please include the following:

MOBILE MAINTENANCE LLC
Name of business, organization, entity, etc.
SAFETY MGR
Your Title or Affiliation with above
AUTO SERVICE
Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)

Information Requested On:

Texas Driver License Number _____ Last Name _____
First Name _____ Middle Name/Maiden Name _____ Date of Birth _____

Individual's Written Consent For ONE-TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____
Signature of Licensee/ID Card Holder or Parent/Legal Guardian _____ Date _____

State and Federal Law Requires Requestors to Agree to the Following

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____ Date _____

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.

Appendix D

Consent to Alcohol/Drug Testing

I understand to protect my employer and myself, I voluntarily authorize blood and urine testing for alcohol and/or drug use. I further understand that that Mobile Maintenance has made me a conditional job offer. I understand that the offer is conditioned upon my passing a test for illegal drugs.

I hereby give my consent to Mobile Maintenance to have a recognized testing company conduct a drug test and I further authorize the results of the tests to be released to my employer.

I understand that this consent to testing is a condition of employment and continued employment with Mobile Maintenance to help ensure the safety of others and myself. I also understand that I may refuse to take a drug test. Such refusal will be construed as a withdrawal of my application, resignation and or grounds for termination.

Signature of Applicant

Date

Printed Name of Applicant

SS #