



Employment Application

2903 East I-20 Midland Texas 79706

AST is an equal opportunity employer. Individuals are hired solely upon the basis of their qualifications and ability to fulfill the requirements of the job.

Date of Application: _____

Last Name: _____, First Name: _____ MI _____

Are you a U.S. Citizen or have a legal right to work in the U.S.? _____ Yes or _____ No

Phone #: _____ Emergency Contact name and phone #: _____

Current and Previous addresses for the past (3) three years:

Address	City	State	Zip Code	Start date	End date

Position applied for: _____ Wage requested: _____

Have you ever been employed by AST? _____ if yes; dates of employment: _____

Do you have a relative working for AST? _____ if yes; name and relationship: _____

During the past 5 years, have you been convicted of, or have you pleaded guilty or no contest to a felony offense? if yes, explain _____

The following questions are for positions that may require the employee to operate a vehicle on a public roadway:

Do you have a current, valid driver's license? _____

If the Position applied for requires an Interstate Commercial Driver's License, you must be 21 years of age. Are you at least 21 years old? _____

Have you ever had your Drivers license suspended or revoked? _____ Yes or _____ No; if yes, when? _____ Where? _____

Please explain: _____

Are you currently charged with a DUI or DWI offense? _____ If yes; please explain _____



Employment Information applicants (last, first) name: _____

Please list all Traffic convictions and forfeitures for the past three (3) years (other than parking violations). If none; write "none"

Location	Date	Violation	Penalty

List of all motor vehicle accident during the past three (3) years

Date of Accident	Description (head-on, backing,)	Fatality/Injuries	Citations or at Fault

List all unexpired Driver Licenses or permits that you have been issued.

State of issue	License number	Type (Class) endorsements and/or restrictions	Expiration date

Please list all driving experience

Type of equipment (van, truck, bus, tank, etc...)	From date / to date	Years	Approximate miles

Other Skills

Indicate highest level of education achieved or completed:

High School Name	City/ State	Grad (Y-N)	University, College, Tech. Name	City/State	Grad (Y-N)	Major/ Degree or certificate
GED						



Employment History

applicants (last, first) name: _____

Please provide a complete employment history for the past (10) ten years. Include all periods of unemployment with an explanation, or periods of self-employment. (Month and year is sufficient). Start with most recent or current employer.

Applicants who may be operating a regulated Commercial Motor Vehicle shall provide (10) years work history or information for all current or past employers where the applicant had operated a regulated Commercial Motor Vehicle. A regulated Commercial Motor Vehicle is any vehicle having a GVWR of 26,001 lbs. or GVWR of 10,001 lbs. when in combination with a trailer during an interstate trip or a vehicle designed to transport (15) fifteen or more passengers or any size vehicle used to transport hazardous material in any quantity that requires a placard.

Are you currently employed? _____; if yes, May we contact your current employer? _____ Yes or _____ No.

Table with 3 columns: Current or most recent employer, Position, and Indicate "yes" or "no" to the following question. Includes sub-headers for Address, Start Date, End Date, City, State, Zip Code, Contact Name, Phone #, and Reason for leaving.

Table with 3 columns: Previous Employer, Position, and Indicate "yes" or "no" to the following question. Includes sub-headers for Address, Start Date, End Date, City, State, Zip Code, Contact Name, Phone #, and Reason for leaving.

Table with 3 columns: Previous Employer, Position, and Indicate "yes" or "no" to the following question. Includes sub-headers for Address, Start Date, End Date, City, State, Zip Code, Contact Name, Phone #, and Reason for leaving.

Table with 3 columns: Previous Employer, Position, and Indicate "yes" or "no" to the following question. Includes sub-headers for Address, Start Date, End Date, City, State, Zip Code, Contact Name, Phone #, and Reason for leaving.



Employment History

applicants (last, first) name: _____

Previous Employer:	Position:	Indicate "yes" or "no" to the following question.
		Was position subject to FMCSA, FAA, USCG, or PHMSA regulations?
Address:	Start Date to End Date	Indicate "yes" or "no" to the following question.
		Was position subject to Federal or State Drug and Alcohol testing?
City State Zip Code	Contact Name Phone #	Reason for leaving

Previous Employer:	Position:	Indicate "yes" or "no" to the following question.
		Was position subject to FMCSA, FAA, USCG, or PHMSA regulations?
Address:	Start Date to End Date	Indicate "yes" or "no" to the following question.
		Was position subject to Federal or State Drug and Alcohol testing?
City State Zip Code	Contact Name Phone #	Reason for leaving

Previous Employer:	Position:	Indicate "yes" or "no" to the following question.
		Was position subject to FMCSA, FAA, USCG, or PHMSA regulations?
Address:	Start Date to End Date	Indicate "yes" or "no" to the following question.
		Was position subject to Federal or State Drug and Alcohol testing?
City State Zip Code	Contact Name Phone #	Reason for leaving

Previous Employer:	Position:	Indicate "yes" or "no" to the following question.
		Was position subject to FMCSA, FAA, USCG, or PHMSA regulations?
Address:	Start Date to End Date	Indicate "yes" or "no" to the following question.
		Was position subject to Federal or State Drug and Alcohol testing?
City State Zip Code	Contact Name Phone #	Reason for leaving

Previous Employer:	Position:	Indicate "yes" or "no" to the following question.
		Was position subject to FMCSA, FAA, USCG, or PHMSA regulations?
Address:	Start Date to End Date	Indicate "yes" or "no" to the following question.
		Was position subject to Federal or State Drug and Alcohol testing?
City State Zip Code	Contact Name Phone #	Reason for leaving



Employment History

applicants (last, first) name: _____

Table with 3 columns: Previous Employer, Position, and Indicate "yes" or "no" to the following question. Includes rows for Address, Start Date to End Date, City, State, Zip Code, Contact Name, Phone #, and Reason for leaving.

Table with 3 columns: Previous Employer, Position, and Indicate "yes" or "no" to the following question. Includes rows for Address, Start Date to End Date, City, State, Zip Code, Contact Name, Phone #, and Reason for leaving.

Table with 3 columns: Previous Employer, Position, and Indicate "yes" or "no" to the following question. Includes rows for Address, Start Date to End Date, City, State, Zip Code, Contact Name, Phone #, and Reason for leaving.

Please list (3) three personal references:

Table with 4 columns: Personal Reference Name, Relationship, Years Known, and Contact Phone #.

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I recognize that any falsification, or misrepresentation (including omissions) made by me in connection with this application may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal.

Signature of applicant: _____

Date: _____