

Application for Employment

6100 E. Interstate 20, Midland, TX 79706

AST is an equal employment opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other protected group status.

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Date									
Name									
(Last)	(First)		(Middle)						
Do you have a legal right to be employe	ates? Yes _	or	No						
Are you over the age of 18? Yes	or No								
Telephone Number	E	mail Address							
Current and Previous addresses for the	past (3) three year	rs:							
Address	City	State	Zip Code	Start date	End date				
	COMPAN	Y EXPERIENCE							
Have you worked for this company before	ore?	if yes; dates: I	From	То					
Position Rea	son for leaving								
	C	ENERAL							
Are you currently employed?	If not, when	was your last da	y employed?						
Position applying for:			Wage requested	:					
Who referred you?	When are you available to work?								



Name_____ (Last)

(First)

(Middle)

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge?

Yes _____ or No _____

If yes, explain giving dates and nature of offense. A conviction may not disqualify you, but a false statement will.

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

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?	Doy	ou have a current,	valid driver's license?	

Have you ever had your Driver's license suspended or revoked? Yes _____ or No _____

If yes; date(s)	Location
ii yes; date(s)	Location

Please explain:

Have you been convicted of or are you currently charged with a DUI or DWI offense?

If yes; please explain_____

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 accidents during the past three (3) years. If none; write "none"

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



(Last)

Name

(First)

(Middle)

List all current 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

Skills and Abilities (computer, software, etc.)					

EDUCATIONAL BACKGROUND							
Type of School	Name and City, State.	Grad (Y-N)	Major/ Degree or certificate				
College							
Technical							
High School or GED							



Name_____ (Last)

(First)

(Middle)

EMPLOYMENT HISTORY

Include all employment history for the past (10) ten years. Include all periods of unemployment with an explanation, or periods of self-employment. (Month and year are sufficient). Start with most recent or current employer. Applicants who may be operating a regulated Commercial Motor Vehicle must provide (10) years' work history.

Current or most recen	nt employer:		Position:			Indicate "yes" or "no" to the following question.
						Was position subject to FMCSA, FAA, USCG, or PHMSA regulations?
						0
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 Nar	ne	Phone #	Reason for leaving

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(Last)	(First)	(Middle)

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Please list (3) three personal references:

REFERENCES									
Personal Reference Name Relationship Years Known 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. I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I authorize my previous employer(s) to release any and all information relating to my employment with them. I further release and hold harmless both my previous employer(s) and Advanced Stimulation Technologies, Inc. from any and all liability that may potentially result from the release and/or use of such information. I agree to undergo any type of drug and/or alcohol testing that the Company may require at any time. I understand that any offer of employment is conditional as to the results of any job related preemployment tests, examinations and investigation. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the Company may terminate my employment at any time, with or without notice or reason.

Signature of applicant ______ Date _____