



Advanced Stimulation Technologies, Inc.

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 employed in the United States? Yes or No

Are you over the age of 18? Yes or No

Telephone Number Email Address

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

Table with 6 columns: Address, City, State, Zip Code, Start date, End date

COMPANY EXPERIENCE

Have you worked for this company before? if yes; dates: From To

Position Reason for leaving

GENERAL

Are you currently employed? If not, when was your last day employed?

Position applying for: Wage requested:

Who referred you? When are you available to work?



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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? _____ Do you 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 _____

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



Name _____
(Last) (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			



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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 recent 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

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