



*Advanced Stimulation  
Technologies, Inc.*

## Application for Employment

2903 East I-20 Midland Texas 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 # \_\_\_\_\_ Email address \_\_\_\_\_

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

Address	City	State	Zip Code	Start date	End date

### COMPANY EXPERIENCE

Have you worked for this company before? Yes or No if yes; dates: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

### GENERAL

Are you currently employed? Yes or No 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 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? Yes or No Do you have a current, valid driver's license? Yes or No

Have you ever had your Drivers 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? Yes or No

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



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List of all motor vehicle accidents during the past three (3) years. If none; write "none"

Table with 4 columns: Date of Accident, Description (head-on, backing, etc.), Fatality/Injuries, Citations or at Fault

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

Table with 4 columns: State of issue, License number, Type (Class) endorsements and/or restrictions, Expiration date

Please list all driving experience

Table with 4 columns: Type of equipment (van, truck, bus, tank, etc.), From date / to date, Years, Approximate miles

Skills and Abilities (computer, software, etc.)

Three horizontal lines for writing skills and abilities.

EDUCATIONAL BACKGROUND

Table with 4 columns: Type of School, Name and City, State., Grad (Y-N), Major/ Degree or certificate



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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.

Table with 3 columns: Current or most recent employer, Position, Was position subject to FMCSA, FAA, USCG, or PHMSA regulations?; Address, Start Date to End Date, 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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		<b>Yes No</b>
<b>Address</b>	<b>Start Date to End Date</b>	<b>Was position subject to Federal or State Drug and Alcohol testing?</b>
		<b>Yes No</b>
<b>City State Zip Code</b>	<b>Contact Name Phone #</b>	<b>Reason for leaving</b>

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**REFERENCES**

<b>Personal Reference Name</b>	<b>Relationship</b>	<b>Years Known</b>	<b>Contact Phone #</b>



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Name \_\_\_\_\_  
(Last) (First) (Middle)

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 pre-employment 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 \_\_\_\_\_