

Date:			
Name:		Phone ()
Social Security #:			
Address:		City/State/Z	Zip:
Indicate the position	for which you are app	olying: Equipment Operator [☐ Truck Driver ☐ Laborer ☐
Mechanic/Shop	Foreman Sup	perintendent/Management	Office Other
_	_	_	<u>—</u>
What is your minimur	m weekly salary/hour	ly requirement:	
Date available for wo	rk:		
Do you have any con	nmitments to another	employer that may affect you	r employment with us?
Field Skills (Check all	that apply):		
Operator	Foreman	Laborer	rveyor
Equipment That You ar	re <u>Proficient</u> at Operating		
Backhoe/RubTire		Dozer/Rough	Mixer, Lime
Motorgrader/Finish Scraper		Dozer/Finish Dozer/Push Tractor	Rubber Tire Loader
Track Loader		Skid Steer	Hydro Ax / Barko
Water Truck		Roller / Compactor	Horizontal Grinder
Survey G.P.S.	Ш	Excavator	
List special equipme	nt or technical materi	als you can work with (other th	nan those already shown):
		,	,, ,



${\it Truck\ Driving}$ (Check all that apply)

laul Truck uel Truck	End Dump		Belly Dump	
List special equipme	ent or technical materials you can work	with (othe	er than those already sh	nown):
Labor - Maintenance (c	Check all that apply)			
aborer	Check all that apply) Equip Mechanic Welder		Truck Mechanic Oiler/PM Mechanic	
aborer lagger	Equip Mechanic	than thos	Oiler/PM Mechanic	
Labor - Maintenance (d aborer lagger List any special labo	Equip Mechanic Welder	than thos	Oiler/PM Mechanic	



Confined Space		Competent Persor	n 🗌	Excavation and Trench	ing [
OSHA 30 HR Clas	ss \square	First Aid		Laser Safety	
Lock Out / Tag Ou	t 🗌	Traffic Control		Hazardous Comm.	
List courses and tr	raining other than s	shown elsewhere in t	this application	:	
omputer Skills (CI	heck all that app ly)				
0.5					
S Excel ere Front		MS Word Heavy Job		MS PowerPoint	
ease describe othe	er experience and	equipment used relev	vant to the pos	ition applying for:	
ease describe othe	er experience and o	·	vant to the pos	ition applying for:	
		·	vant to the pos	ition applying for:	
Education & Train		equipment used relev	vant to the pos	NO. YEARS DID YO	
TYPE OF SCHOOL	ning	equipment used relev		NO. YEARS DID YO	DU GRADUATE DEGREE-MAJO
TYPE OF SCHOOL GRAMMAR CHOOL	ning	equipment used relev		NO. YEARS DID YO	
Education & Train	ning	equipment used relev		NO. YEARS DID YO	



HOW DID YOU LEARN ABOUT US?

Newspaper Ad ☐ School Placement Office ☐ State Employment/Workforce Agency ☐
Private Placement Firm
On My Own Company Web Site Employee Referral: (Employee Name)
Other:
ARE YOU WILLING/ABLE WHEN THE JOB REQUIRES YOU TO TRAVEL BY PERSONAL VEHICLE? Yes No
JOBS MAY REQUIRE OVERTIME. ARE YOU WILLING TO WORK OVERTIME IF NEEDED? Yes No
ARE YOU WILLING/ABLE TO WORK NIGHTS IF JOBS REQUIRED? Yes No
ARE YOU WILLING TO WORK SATURDAYS OR WEEKENDS IF NEEDED?
TYPE OF EMPLOYMENT DESIRED: Year Round ☐ Season ☐
Part-time /Temporary Dates available/
Do you have any special construction or safety related skills or training? No Yes
If Yes, Describe:
Can you with or without reasonable accommodation, perform the essential job duties required of the job
for which you are applying? Yes No If No, Reason:
Have you ever been arrested for or convicted of a drug-related crime? No Yes
Have you ever been convicted of a felony? No Yes If yes, please describe & give dates
(A conviction record will not necessarily eliminate your candidacy for employment)



Employment History

Please complete the work history information below. You may attach a resume if available. If necessary, use an additional application to complete your employment history. Account for all time since leaving High School, or the last seven years. Include Military Service and all periods of unemployment exceeding 30 days. Begin with most recent. May we contact your present employer? ☐ Yes ☐ No Company Name Street City State Phone (_____) _____ From ______ to _____ Starting Salary _____ Final Salary _____ __ Full time __ Part time Title _____ Supervisor's Name _____ Describe Job Responsibilities ___Reason for Leaving ____ Company Name _____ Street ____ City ____ State ____ Phone () From to Starting Salary Final Salary __ Full time __ Part time Title _____ Supervisor's Name _____ Describe Job Responsibilities _____ _____Reason for Leaving _____ Company Name _____ Street ____ City ____ State ____ Phone (____) _____ From ______ to _____ Starting Salary _____ Final Salary _____ Title _____ Supervisor's Name _____ __ Full time __ Part time Describe Job Responsibilities ______Reason for Leaving _____

Application for Employment



Signature

AMS Company, Inc. P.O. Box 136 Cleburne, Tex 76033 817-641-8804

General Information					
Are you legally authorized to work in the United States? Yes No					
Are you younger than 21? Yes No No					
Have you ever applied for work at AMS Company, Inc.? Yes \(\text{No } \(\text{If yes, when:} \)					
Have you ever been employed by AMS Company, Inc.? Yes No If yes, when:					
and reason for leaving					
Person to be Notified in Case of Emergency					
Name: Relationship:					
Address: Phone #:					
Declarations and Acknowledgments					
Please Read Carefully Before Submitting					
I understand that any false or incomplete statements on this application or any other form that I complete shall be sufficient cause for rejection for employment or immediate discharge when discovered .					
I understand that if I accept a position with AMS Company, Inc. or any of it affiliates, my employment will be governed by all applicable policies and procedures governing the operations of AMS Company, Inc. and it affiliates at the date of my employment. In addition, I understand that these policies and procedures may change periodically, and the Company will communicate such changes to me as they occur.					
I hereby authorize verification of all statements contained in this application regarding my qualifications and character, and release and agree to hold AMS Company, Inc. and any of its employees and any previous employers harmless from any liability arising from disclosure of information concerning my past or subsequent employment history. A copy of this authorization has the same legal force as the original for purposes of its request and release from liability.					
I understand that after a conditional offer of employment, I may be required to undergo and satisfactorily pass a medical examination. I also understand that AMS Company, Inc. has a drug and alcohol free workplace, including a drug and/or alcohol testing program consistent with applicable federal, state and local law. If I am offered a conditional offer of employment, I understand that if pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under AMS Company, Inc. conditions requiring a drug and alcohol free workplace. I also understand that all employees of AMS Company, Inc, pursuant to company policy and/or federal, state and local law, may be subject to urinalysis, breath, blood screening and/or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that taking of drug and/or alcohol tests is a condition of continual employment and I agree to undergo such testing consistent with AMS Company, Inc. policies and applicable federal, state and local law.					
I understand that after a conditional offer of employment, I may be required to undergo and satisfactorily pass a background check.					
I understand this application is not a contract of employment. I understand that if I receive an offer of employment, it will be a conditional offer of employment, expressly subject to satisfactorily meeting the mental and physical requirements of the job, which may include a post-offer medical exam					
I further understand that my employment would be at will; that is, I would reserve the right to terminate my employment when I choose, and my employer would reserve the same right. I understand and agree that no person employed by the Company, other than its President, has any authority to enter into any agreement for employment for any specified period of time, or to make any arrangements contrary to the foregoing. Such agreements by the President must be in writing and witnessed by another officer of the Company.					

Date