



Employment Application

Quality DEF Solutions

The J.C. Smith Co.

471 S. Hwy 16

San Saba, Tx 76877



Name _____ Date _____
 Address _____ City _____ State _____ Zip _____ How Long? _____
 Home Phone _____ Cell Phone _____
 Address for the past three years _____ City _____
 State _____ Zip _____ How Long? _____
 Date of Birth _____ Social Security Number: _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No
 Have you ever been convicted of a felony? [] Yes [] No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No
 If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

Experience and Qualifications Driver				
Driver Licenses	State	License No.	Type	Expiration Date

Driving Experience				
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx. No. of Miles (Total)

Accident Record For Past 3 Years or More				
Dates	Nature of Accident	Fatalities	Injuries	Ticket

Traffic Convictions and Forfeitures For The Past 3 Years (Other Than Parking Violations)				
Location	Date	Charge	Penalty	



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- A. Have you ever been denied a License, permit or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

If the answer to either A or B is Yes, Attach statement giving details

Are you available Full time _____ Part time _____

EDUCATION				
Type of School	Name of School	Location	Years Attended	Major and Degree Received
High School				
College				
Business or Trade School				
Professional School				

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT

(Most Recent First.)

1. Employer _____ Job Title _____
 Dates Employed _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

2. Employer _____ Job Title _____
 Dates Employed _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

3. Employer _____ Job Title _____
 Dates Employed _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____



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ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant

Date