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Job Application #: _____

For FEC Use Only	
Date received	_____
Time received	_____
Received by	_____

PRE-EMPLOYMENT APPLICATION

PRINT IN BLACK OR BLUE INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. Flasher Equipment Company is an Equal Opportunity Employer and does not discriminate on the basis of age, color, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, veteran status, or any disability as defined in the Americans with Disabilities Act, or for any other reason protected by Local, State or Federal law. You may make copies of this application and enter different position titles, but **each copy must be signed. Resumes will not be accepted in lieu of applications,** unless specifically stated in the job vacancy notice. This application becomes company record and is not subject to disclosure. With few exceptions, you have the right to request and be informed about information that Flasher Equipment Company collects about you. You are entitled to receive and review the information upon request. You also have the right to ask Flasher Equipment Company to correct any information that is determined to be incorrect. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

NAME _____ (Last) (First) (Middle) () _____ (Daytime Phone)

List any other name(s) used if different from name on this application _____

MAILING ADDRESS _____ (Street) (City) (State) (Zip) (County) () _____ (Work Phone, Optional)

How long have you resided at this address? _____

E-MAIL ADDRESS _____ Social Security # _____

List exact title of position or type of work or Department you wish to apply _____

Do you have any relatives working for this Company? If so, list names and relationship _____

Date available for work _____ Are you 18 years of age or older? Yes No

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? Yes No

If no, please explain _____

Current valid driver's license # _____ (State) (Number) Commercial Driver's License (CDL) Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Are you subject to any non-compete, non-disclosure or confidentiality agreements, or any other type of agreement with any current or former employer(s) or organization(s) which would limit your ability to work for our company? Yes No

If yes, please explain: _____

(Note: You may be required to provide a copy of any such agreement.)



Pavement Markings • Traffic Control • Signs - Sales

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

DO NOT REFERENCE YOUR RESUME

PLEASE GIVE MONTH AND YEAR

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From	To	Starting
			Mo: ____	Mo: ____	\$ ____
			Yr: ____	Yr: ____	\$ ____
Telephone Area Code ()	Nature of Business	Reason for Leaving			
Title					

Describe duties performed, skills used/learned, advancements/promotions earned:

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From	To	Starting
			Mo: ____	Mo: ____	\$ ____
			Yr: ____	Yr: ____	\$ ____
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			Mo: ____	Mo: ____	\$ ____
			Yr: ____	Yr: ____	\$ ____
Telephone Area Code ()	Nature of Business	Reason for Leaving			
Title					

Describe duties performed, skills used/learned, advancements/promotions earned:

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.).

High School Graduate or GED? Yes No If yes, name and location of High School or GED institute _____

Type of School	Name & Location of School	Dates Attended		Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From Mo / Yr	To Mo / Yr					
Undergrad Colleges or Univ or Grad Schools								
Technical or Vocational Schools								

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification (CPA, PHR, etc.)	Date Issued	Date Expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary).

Do you speak a language other than English (If required for this position) Yes No How Fluently? Fair Good Excellent
 If yes, what language(s) do you speak _____

Do you write in a language other than English (If required for this position) Yes No

If yes, which language(s) _____

Have you ever been employed by Flasher Equipment Company Yes No If you have been previously employed by Flasher Equipment Company, list the position & department: _____

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required: DD Form 214)

Are you a veteran? Yes No If yes, list type of discharge _____

Service Branch _____ Final Rank _____

Dates of Service (From / To): _____

Are you a surviving spouse of a veteran who has not remarried? Yes No Are you a surviving orphan of a veteran? Yes No

If yes, complete dates of service for veteran _____

CAPABILITY / RELIABILITY

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes No

If not, explain which tasks _____

Will you abide by the safety rules of this company? Yes No
 Have you ever been disciplined for violating company safety rules or regulations? Yes No
 How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____
 Consistent attendance and punctuality are essential requirements of every job in our company. Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes No

If no, please explain _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes No
 If yes, please explain _____

Have you ever been fired, or asked to resign from a job? Yes No

If yes, please explain _____

REFERENCES

Give three references, not relatives or former employers

NAME	ADDRESS	PHONE	OCCUPATION