FLASHER Equipment Co

Main Office

5827 W US Hwy 90 San Antonio, TX 78212 Phone: 210-736-4251

Fax: 210-736-2084

90 78212 -4251 084	75 CR 372 Jarrell, TX 76537 Phone: 512-746-4441 Fax: 512-746-4444	Job Application			
For	FEC Use Only				
Date received	dt	#			
Time received					
Received by					

PRE-EMPLOYMENT APPLICATION

PRINT IN BLACK OR BLUE INK OR TYPE. These instructions must be followed exactly. Fill out application completely. If questions are not applicable, enter "NA." Do not leave questions blank. Resumes will not be accepted in lieu of applications. Flasher Equipment Company (FEC) 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. This application becomes company record and is not subject to disclosure. With a few exceptions, you have the right to request and be informed about information that FEC collects about you. You also have the right

		•	mply that the app				Cation will	be given every
Name						()		
	(Last)	(First)	(Middle)			(Daytime	Phone)	
List any other	name(s) us	ed, if differen	t from the name	on this	application			
Home Addres	s							
	(S	treet)		(City)		(State)	(Zip)	(County)
How long hav	e you reside	ed at this addr	ess?month	(s)	year(s)			
Email:				So	cial Security#	£		
_ist position, t	ype of work,	or Departme	nt(s) you wish to	apply:				
Do you have a	a relative(s)	working for F	EC? If yes, list na	ame(s) and relations	hip		
Date you wou	ld be availal	ole to work			Are you 1	8 years of age	or older?	_YesNo
Do you have t	the ability to	work overtime	e and/or travel oเ	ut of to	wn, if required	d?Yes	_No	
f no, explain:								
Valid Driver's	License #	(State)) (Number)	Cc	ommercial Driv	ver's License (C	DL)Clas	s AClass B
Are you a citiz	zen of the U.	S. or do you h	nave the legal rig	ht to b	e employed ir	n the United Sta	tes?Y	esNo
			-disclosure or cor ganization(s) wh					
YesN	No If yes	s, explain:						
		You w	vill be required to	provid	le a copy of th	ne agreement.		





Work History		
including military ser business references	rvice and any periods of unemployme	nt or last employer listed first. Account for all periods of time ent. If self-employed, provide company name and supply ompany?YesNo
If yes, provide depar	rtment and position:	
D <u>O NOT REFEREN</u>	ICE YOUR RESUME	
Name of Employer:		Name and Title of Dates Employed Pay
Address:		Last Supervisor From To Starting/Ending Mo: \$
City, State, Zip Code	e:	Yr:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Telephone ()	Nature of Business	Reason for Leaving
Title	<u> </u>	
Name of Employer: Address:		Name and Title of Last Supervisor From To Starting/Ending Mo: Yr: Yr: \$
City, State, Zip Code Telephone ()	Nature of Business	Reason for Leaving
Title		
Describe duties performed by the second seco	formed, skills used/learned, advancen	Name and Title of Dates Employed Pay
Address:		Last Supervisor From To Starting/Ending Mo: \$
City, State, Zip Code	e:	Yr: \\ Yr: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Telephone ()	Nature of Business	Reason for Leaving

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

Title

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High School G		, ,	·	·	•	a, degree, trai	n of High Scho	·	,
Type of School	Name & Location of School		Dat Atten From Mo / Yr		Date Graduated	Expected Graduation Date	Type of Diploma or Degree	Major/ Minor Fields of Study	
Technical / Vocational School or College									
If a license or of Flagger Certific				upervisor Tra	affic Cor	ntrol Technicia tion of issuing other authorit	nn, Software C		•
Special Trainir types of compl				lated trainin	g or skill	s you possess	s: i.e. printing o	or graphics (equipment,
Do you speak How Fluently? If yes, list othe	FairG	GoodE>	ccellent						
List any langua									

Military Service (A copy of a report of separation from the Armed Services may be required: DD Form 214)							
Are you a veteran?Yes							
If yes, list type of discharge							
Service Branch	Final	Rank					
Dates of Service: From:	To:	To:					
Capability / Reliability							
Would you be willing and able to	perform all of the tasks required	by the job you are applyin	g for?YesNo				
If no, explain which tasks							
Will you abide by the safety rules	s of this company?YesNo						
Have you ever been disciplined f	or violating company safety rules	or regulations?Yes	_No				
Have you ever been fired, or ask	ed to resign from a job?Yes _	No					
If yes, explain							
References							
Provide three references - not re	latives or former employers						
Name	Address	Phone	Occupation				
Applicant Signature	Date						