



Employment Application

Jobe Materials, L.P.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

10 Years Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

“I, the applicant whose signature is affixed hereto, and Jobe Materials, L.P., (The “Company”), mutually agree and contract that any and all claims or disputes arising out of or in any way relating to this application for employment, or the Company’s decision to hire or not hire me, including but not limited to claims for violations of any state or federal statutory, constitutional or common law, shall exclusively and finally resolved by binding arbitration administered according to the employment dispute procedures of the American Arbitration Association pursuant to the provisions of the Federal Arbitration Act.”

Signature

Date

Printed Name

“Yo, el solicitante cuya firma es puesta aqui, y las Jobe Materials, L.P., (La “Compañía”), concuerdo mutuamente y contrato que cualquier y todo reclamo o disputa que surgan fuera de o en alguna manera que relaciona a esta aplicación para el empleo, o la decisión de la Compañía para emplear o no emplearme, inclusive pero no limitado a reclamos para violaciones de cualquier reglamento del estado o federal, constitucional o ley comun (no escrita), irá exclusivamente y finalmente atado a arbitraje administrado según los procedimientos de la disputa de empleo de la Asociación Americana del Arbitraje según las provisiones del Acto Federal del Arbitraje.”

Firma

Fecha

Nombre en Imprenta



1150 Southview Drive
El Paso, Texas 79928
915-298-9900 915-298-9990 (fax)

PLEASE FAX BACK TO MICHELLE
AT 915-298-9990

INQUIRY TO PAST EMPLOYERS

Company Name: _____
Return Fax Number: 915-298-9990
Applicant: _____
Social Security Number: _____

EMPLOYED FROM: _____ TO _____ POSITION: _____

1. Did he/she drive a motor vehicle for you? _____ Straight Truck? _____
Tractor-Trailer? _____ Bus? _____ Other? _____ (Specify)
2. Was he/she a safe and efficient driver? _____
3. Number of reportable accidents _____ Chargeable _____
4. Was his/her general conduct satisfactory? _____
5. Reason for leaving your employment: Resigned _____ Discharge _____ Laid Off _____
6. Would you re-hire this person? Yes _____ No _____ Upon Review _____
7. Did any DOT Alcohol test confirm a BAC of 0.04 or greater? _____ Yes _____ No
8. Did a DOT Controlled Substance test result in a "Positive:?" _____ Yes _____ No
9. Did this person refuse to be tested as required by DOT? _____ Yes _____ No

Verified by: _____ (Name and Title) _____ (Date)

I hereby authorize you to release the information to JOBE MATERIALS, L.P. for the purpose of investigation as required by section 391.23 and allowed by Section 83.35 of the federal motor carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date

Applicant Signature

Whether the applicant was subject to Federal Motor Carrier Safety Regulations while employed by that previous employer, and

Whether the job was designated as a "safety sensitive function: in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40.