

# APPLICATION FOR EMPLOYMENT



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Position(s) Applying for:  Assembly  Machining  Paint/Pallet  Stockroom  Welding  Other \_\_\_\_\_

**Referral Source** (Please check the appropriate category and name the source)

- Walk-in  Company's Website  Employee \_\_\_\_\_  School \_\_\_\_\_
- Job Fair \_\_\_\_\_  Advertisement \_\_\_\_\_  Staffing Agency \_\_\_\_\_
- Government Employment Agency \_\_\_\_\_  Other \_\_\_\_\_

Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available for work: ____/____/____ What is your desired salary range or hourly rate of pay? _____
Type of Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	Type of work schedule interested in (Check all that apply): <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Rotating Shift <input type="checkbox"/> Overtime
Best time to call you: _____ AM _____ PM	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever submitted an application at Texas Hydraulics or any of its companies before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the date(s) and position(s): _____ _____ _____	Will you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked at Texas Hydraulics or any of its companies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates: From ____/____/____ To ____/____/____ Position: _____	If required by business conditions, would you be willing to change your work schedule preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____ _____ _____
In the past 7 years, have you been convicted of a misdemeanor or felony? If yes, please provide date(s) and details: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____ _____ _____	

AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

## EMPLOYMENT HISTORY

Please print your employment history, starting with the most current. **DO NOT** write "see attached resume."

Company \_\_\_\_\_ What did you like most about your position: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Job Title \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ What did you like least about your position: \_\_\_\_\_  
Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_ May we contact your previous supervisor for a reference?  Yes  No  
Responsibilities: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Company \_\_\_\_\_ What did you like most about your position: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Job Title \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ What did you like least about your position: \_\_\_\_\_  
Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_ May we contact your previous supervisor for a reference?  Yes  No  
Responsibilities: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Company \_\_\_\_\_ What did you like most about your position: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Job Title \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ What did you like least about your position: \_\_\_\_\_  
Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_ May we contact your previous supervisor for a reference?  Yes  No  
Responsibilities: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Company \_\_\_\_\_ What did you like most about your position: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Job Title \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ What did you like least about your position: \_\_\_\_\_  
Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_ May we contact your previous supervisor for a reference?  Yes  No  
Responsibilities: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

\_\_\_\_\_

Do you have any relatives or friends working for Texas Hydraulics or any of its companies?  Yes  No

If yes, please list their names and relationship: \_\_\_\_\_

## SKILLS AND QUALIFICATIONS

Check any of the following skills you possess and equipment you are qualified to operate:

- Assembly       Blue Print Reading       CNC Machinist       Manual Machine       Construction  
 Engineer       Forklift       Maintenance       Mechanic       Microsoft Office Suite  
 Painter       Quality Inspection       Shipping & Receiving       Supervisor       Welder

Heavy Equipment List: \_\_\_\_\_

Light Equipment List: \_\_\_\_\_

## EDUCATION

Start with the most recent school attended.

School (Include City and State)	Did You Graduate	Diploma / Degree
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## REFERENCES

List name and telephone numbers of three business/work references who are NOT related to you.  
If not applicable, list three school or personal references who are NOT related to you.

Name	Relationship	Telephone	Number of Years Known

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that the application remains current for 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that Texas Hydraulics, Inc. is a drug, alcohol and tobacco free workplace.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any offer which may result from this application is contingent on the satisfactory completion of a Texas Hydraulics, Inc. employment physical examination, background check, and drug screen.

I understand that any information provided by me found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my discharge from employer's service, whenever it is discovered.

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENTS

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**Texas Hydraulics Inc.**  
**Affirmative Action Voluntary Information**

*Completion of Information below is voluntary*

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military/veteran status, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this application data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. This information will be used and kept confidential in accordance with applicable laws and regulations.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Position(s) Applying for:  Assembly  Machining  Paint/Pallet  Stockroom  Welding  Other \_\_\_\_\_

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**REFERRAL SOURCE:**

Walk-in  Company's Website  Employee \_\_\_\_\_  School \_\_\_\_\_

Job Fair \_\_\_\_\_  Advertisement \_\_\_\_\_  Staffing Agency \_\_\_\_\_

Relative \_\_\_\_\_  Other \_\_\_\_\_

Government Employment Agency \_\_\_\_\_

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**APPLICANT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**EEO SELF IDENTIFICATION**

Please check the box (**ONLY ONE**) that best applies to you:

**Hispanic or Latino**  
A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**White** (Not Hispanic or Latino)  
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American** (Not Hispanic or Latino)  
A person having origins in any of the black racial groups of Africa.

**Asian** (Not Hispanic or Latino)  
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino)  
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**American Indian or Alaska Native** (Not Hispanic or Latino)  
A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

**Two or More Races** (Not Hispanic or Latino)  
A person who primarily identifies with more than one of the above race/ethnicity categories.

## VETERAN STATUS INFORMATION

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended which requires Government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans, veterans of the Vietnam era, recently separated veterans, and other protected veterans. If you are a veteran of the Vietnam era, recently separated veteran, or other protected veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties or special disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

Please check all boxes that apply to you:

**I am a Veteran of the Vietnam era**

A person who:

- (a) Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in (i) the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all other cases; OR
- (b) Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).

**I am a recently separated veteran**

Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.

**I am an other protected veteran**

A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

**I would like to be included under the company's affirmative action program (if applicable) pertaining to veterans of the Vietnam era, recently separated veterans, and other protected veterans.** (Note that you may make this request at this time and/or any time in the future).

**None of these apply to me.**

## SPECIAL DISABLED VETERANS

The Company invites its applicants to provide information (on a voluntary basis) regarding their status as a "special disabled veteran" for inclusion in the company's affirmative action program.

### Applicant:

You are invited to provide additional information regarding our status as a "special disabled veteran" as:

- (a) A veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more, or related at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap, or
- (b) A person who was discharged or released from active duty because of a service – connected disability.

If you are a special disabled veteran, please indicate whether you would like to be included under the company's affirmative action program for special disabled veterans. You may elect to be included at this time or any time in the future.

**Yes.** I would like to be included under the company's affirmative action program for special disabled veterans.

**No.** At this time, I would not like to be included in the company's affirmative action program for special disabled veterans.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_