

# Applied Maintenance Specialties, Inc. Driver Employment Application Form

**PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT  
SIGNATURE**

**Please mail completed application to:**  
P.O. Box 209, 34369 US Hwy 96 S.,  
Buna, TX 77612  
**or fax application to:**  
409-994-5852

## OFFICE USE ONLY

Date received:  
Reviewed by:

**PLEASE COMPLETE PAGES 1-8.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ -- --

Telephone Numbers \_\_\_\_\_ How long at current address? \_\_\_\_\_

**Previous Addresses: (Each address for the last three years – attach a sheet if more space is needed)**

Street City State & Zip Code How Long? \_\_\_\_\_  
Yr./Mo.

Street City State & Zip Code How Long? \_\_\_\_\_  
Yr./Mo.

Street City State & Zip Code How Long? \_\_\_\_\_  
Yr./Mo.

- Can you provide proof of age? ☐ Yes ☐ No
- Are you legally authorized to work in the United States? ☐ Yes ☐ No
- Can you provide required proof of eligibility to work? ☐ Yes ☐ No
- Have you previously been employed by this company? ☐ Yes ☐ No  
If yes, from \_\_\_\_\_ to \_\_\_\_\_. In what position? \_\_\_\_\_

### Days/hours available to work:

Position applied for: \_\_\_\_\_

No Pref. \_\_\_\_\_ Thurs. \_\_\_\_\_

Wage desired (do not leave blank) \_\_\_\_\_

Mon. \_\_\_\_\_ Fri. \_\_\_\_\_

How many hrs. can you work weekly \_\_\_\_\_

Tues. \_\_\_\_\_ Sat. \_\_\_\_\_

Wed. \_\_\_\_\_ Sun. \_\_\_\_\_

Employment desired: ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

When are you available to start work? \_\_\_\_\_

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TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR AND DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? \_\_\_\_ YES \_\_\_\_ NO (A conviction record will not necessarily disqualify you from employment.) **If yes**, explain number of convictions(s), nature of offense(s) leading to the conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) or rehabilitation. \_\_\_\_\_

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**EXPERIENCE AND QUALIFICATIONS IN THE PAST 3 YEARS**

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DRIVER LICENSES	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

**ADVERSE LICENSING ACTIONS**

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 to operate a motor vehicle been suspended or revoked? \_\_\_\_ YES \_\_\_\_ NO

Explain below (or attach separate sheet if more space is needed):

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**Accident Record** for past 3 years or more (attach sheet if more space is needed ) if none, check **NONE**.

NONE <input type="checkbox"/>	ACCIDENTS	DATES (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

**Traffic Convictions** and forfeitures for the past 3 years (other than parking violations) if none, check **NONE**.

NONE <input type="checkbox"/>	TRAFFIC CONVICTIONS AND FORFEITURES	LOCATION	DATE	CHARGE	PENALTY

DRIVING EXPERIENCE	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
			FROM (M/Y)	TO (M/Y)	

List states operated in for last five years: \_\_\_\_\_

List any special courses or training that will help you as a driver: \_\_\_\_\_

Which Safe Driving Awards do you hold and from whom? \_\_\_\_\_

#### EXPERIENCE AND QUALIFICATIONS – OTHER

List any trucking, transportation or other experience that may help in your work for this company: \_\_\_\_\_

List courses and training other than shown elsewhere in this application: \_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown): \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain, if you wish. \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**Work Experience:** Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer:	Name of last supervisor	Employment dates	Pay or Salary
Address:		From	Start
City, State, Zip Code		To	Final
Phone number:	Your last job title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Were you subject to the FMSCR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer:	Name of last supervisor	Employment dates	Pay or Salary
Address:		From	Start
City, State, Zip Code:		To	Final
Phone number:	Your last job title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Were you subject to the FMSCR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer:	Name of last supervisor	Employment dates	Pay or Salary
Address:		From	Start
City, State, Zip Code:		To	Final
Phone number:	Your last job title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Were you subject to the FMSCR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address:		From	Start
City, State, Zip Code:		To	Final
Phone number:	Your last job title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Were you subject to the FMSCR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address:		From	Start
City, State, Zip Code:		To	Final
Phone number:	Your last job title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Were you subject to the FMSCR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

May we contact your present employer? ☐ Yes ☐ No

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE**  
**APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW**

This certifies that this application was complete by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date \_\_\_\_\_

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

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PLEASE READ CAREFULLY

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**APPLICATION FORM WAIVER**

**As indication that you have read and understood each sentence, please write your initials in the spaces provided below.**

In exchange for the consideration of my job application by Applied Maintenance Specialties, Inc., (hereinafter call "AMS, Inc."), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other AMS, Inc. practices, shall serve to create an actual or implied contract of employment, \_\_\_\_\_ or to confer any right to remain an employee of AMS, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, \_\_\_\_\_ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of AMS, Inc.. \_\_\_\_\_. Both the undersigned and AMS, Inc. may end the employment relationship at any time, without specified notice or reason. \_\_\_\_\_. If employed, I understand that AMS, Inc. may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. \_\_\_\_\_

I understand that, in connection with the routine processing of your employment application, AMS, Inc. may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. \_\_\_\_\_. Upon written request from me, AMS, Inc. will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. \_\_\_\_\_

I further understand that my employment with AMS, Inc. shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with AMS, Inc. is terminable at will for any reason by either party. \_\_\_\_\_

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

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Applied Maintenance Specialties, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Applied Maintenance Specialties, Inc., depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

## **Applied Maintenance Specialties, Inc.**

### **Interviewee Confidentiality Agreement**

This Agreement made as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, between Applied Maintenance Specialties, Inc. (AMS, Inc.) and \_\_\_\_\_ (the "Interviewee").

1. **Confidential Information.** AMS, Inc. proposes to disclose certain of its confidential and proprietary information (the "Confidential Information") to Interviewee. Confidential information shall include all data, materials, products, technology, computer programs, specifications, manuals, business plans, financial information and other information disclosed or submitted, orally, in writing, or by any other media, to Interviewee by AMS, Inc. Confidential Information disclosed orally shall be identified as such within ten (10) days of disclosure. Nothing herein **shall require AMS, Inc. to disclose any of its information.**
2. **Interviewee's Obligations.** Interviewee agrees that the Confidential Information is to be considered confidential and proprietary to AMS, Inc. and Interviewee shall hold the same in confidence, shall not use the Confidential Information other than for the purposes of its business with AMS, Inc., and shall disclose it only to its officers, directors, or employees, with a specific need to know. Interviewee will not disclose, publish or otherwise reveal any of the Confidential Information received from AMS, Inc. to any other party whatsoever except with the specific prior written authorization of AMS, Inc.  
  
Confidential Information furnished in tangible form shall not be duplicated by the Interviewee except for purposes of this Agreement. Upon the request of AMS, Inc., Interviewee shall return all Confidential Information received in written or tangible form, including copies, or reproductions or other media containing such Confidential Information, within five (5) days of such request.
3. **Term.** The obligations of Interviewee herein shall be effective from the date AMS, Inc. last discloses any Confidential Information to interviewee pursuant to this Agreement. Further the obligation not to disclose shall not be affected by bankruptcy, receivership, assignment, attachment or seizure procedures, whether initiated by or against Interviewee, nor by the rejection of any agreement between AMS, Inc. and Interviewee, by a trustee or Interviewee in bankruptcy, or by the Interviewee as a debtor-in-possession or the equivalent of any of the foregoing under local law.
4. **Other Information.** Interviewee shall have no obligation under this Agreement with respect to Confidential Information which is or becomes publicly available without breach of this Agreement by Interviewee; is rightfully received by Interviewee without obligations of confidentiality; or is developed by Interviewee; is rightfully received by Interviewee without obligations or confidentiality; or is developed by Interviewee without breach of this Agreement; provided, however, such Confidential Information shall not be disclosed until thirty (30) days after written notice of intent to disclose is given to AMS, Inc. along with the asserted grounds for disclosure.
5. **No License.** Nothing contained herein shall be construed as granting or conferring any rights by license or otherwise in any Confidential Information. It is understood and agreed that neither party solicits any change in the organization, business practice, service or products of the other party and that the disclosure of Confidential Information shall not be construed as evidencing any intent by a party to purchase any products or services of the other party nor as an encouragement to expend funds in development or research efforts. Confidential Information may pertain to prospective or unannounced products. Interviewee agrees not to use any Confidential Information as a basis upon which to develop or have a third party develop a competing or similar product.

6. No Publicity. Interviewee agrees not to disclose its participation in this undertaking, the existence or terms and conditions of the Agreement, or the fact that discussions are being held with AMS, Inc.
7. Governing Law & Equitable Relief. This Agreement shall be governed and construed in accordance with the laws of the United States and the State of \_\_\_\_\_ and Interviewee consents to the exclusive jurisdiction of the state courts and U.S. federal courts located there for any dispute arising out of this Agreement. Interviewee agrees that in the event of any breach or threatened breach by Interviewee, AMS, Inc. may obtain, in addition to any other legal remedies which may be available, such equitable relief as may be necessary to protect AMS, Inc. against any such breach or threatened breach.
8. Final Agreement. This Agreement terminates and supersedes all prior understandings or agreements on the subject matter hereof. Only a further writing that is duly executed by both parties may modify this Agreement.
9. Non-Assignment. Interviewee may not assign this Agreement or any interest herein without AMS, Inc.'s express prior written consent.
10. Severability. If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.
11. No Implied Waiver. Either party's failure to insist in any one or more instances upon strict performance by the other party of any of the terms of this Agreement shall not be construed as a waiver of any continuing or subsequent failure to perform or delay in performance of any term hereof

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Firm: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_