



APPLICANT QUESTIONNAIRE

Resume's and applications provide us with useful information, but it is also helpful to provide candidates with an opportunity to give additional information on their interests, skills, etc. It is important that you answer these questions honestly so that we can accurately assess your "fit" within our organization. Also be aware that your answers will be verified during our background investigation.

Applicant: _____ Date: _____ SSN _____ - _____ - _____

Phone Number: (_____) _____ Cell: (_____) _____

Address: _____ City _____ ST _____ Zip _____

1. Why are you applying for this position? _____

2. How did you hear about Striping Technology? (Circle all that apply) Newspaper (Which one?) _____
Employee Referral (Employee's Name) _____ Walk-In Other _____

3. Who did you last work for? _____ How long? _____

Why are you considering leaving (or why did you leave) your present (last) position?

4. Have you worked for Striping Technology before? **Yes No** If Yes, when? _____

5. Do you have a valid Texas Driver's License? **Yes No** Texas DL # _____ CDL? **Yes No** If yes, **Class:** _____

6. Have you ever been convicted of a felony? **Yes No**

Are you on parole/probation? **Yes No** Do you have to report? **Yes No** When? _____

7. Some of our jobs require travel and overnight stays. Are you able to do so if needed? **Yes No**

8. Have you had any traffic tickets or accidents in the past 3 years? **Yes No**

If yes, explain: _____

9. What is the minimum starting wage that you would accept for this position? \$ _____ / hour

10. On what date would you be able to start? _____

Notifications and Useful Information

This is not an application for employment. Completion of this questionnaire does not guarantee a job interview.

All questionnaires completed for the current job opening(s) will be reviewed.

Please do not call inquiring about your status.

If you are chosen for an interview, you will be contacted by phone to set up a convenient time and date. Before coming to an interview, there are several things we would like to make you aware of:

- You are expected to be on time for your interview. Business casual dress is appropriate.
- You must submit and pass a pre-employment drug screen before you can be hired.
- Bring any certifications or licenses you feel may be helpful for selection
- Bring a valid Texas Driver's License and Social Security Card or ID#

If hired, are there any accommodations that we can make to assist you (as a result of any disabilities you may have)? _____

I certify that the information I have provided is accurate.

Signed: _____

Date: _____



Welcome!

Striping Technology, L.P. welcomes you as an applicant. It is our policy to provide equal opportunity to all employees and applicants.

Striping Technology, L.P. conducts pre-employment background checks and pre-employment drug testing for all positions.

Driving record history checks are conducted for all applicants and we require you to have a current driver's license issued by the State of Texas.

It is the strict policy of Striping Technology, L.P. not to discriminate on the basis of race, color, religion, sex, age, national origin, disability (where reasonable accommodations can be made), disabled veteran status, or veteran of the Vietnam-era status in its delivery of services and employment policies.

Upon request, reasonable accommodations will be provided to applicants in accordance with Americans with Disabilities Act (ADA). Please contact our Human Resources Administrator for assistance.

Application Guidelines

To ensure that your application will be accurately processed:

1. A Pre-Employment Questionnaire **MUST BE** completed prior to completing this application. An employment application, unless a referral, may only be accepted when a specific position opportunity has been advertised.
2. ***Complete*** a separate application form for each position you are applying for.
3. **If you have a CDL, please ask for the CDL portion of the application.**
4. ***Complete*** the application in its entirety including all signatures. Incomplete applications may be removed from the selection process.
No one will be considered an applicant unless all instructions are complied with and all required signatures are present.
5. ***Return*** the completed application to our front office.
6. After a review, Interviews will be granted to the most qualified candidates.
7. ***If you are selected*** for an interview, you will be contacted by telephone or e-mail. If, however, you are not selected, you should receive a letter in the mail within a reasonable time frame.

Applicant Waiver

Before signing this application, please read the following waiver carefully.

- 1. I certify that the answers given in this application are true and complete to the best of my knowledge. I understand that **incomplete** or **inaccurate** information may result in disqualification of this application.
- 2. I understand the employment process may include all or some of the following activities:
 - a) **verification of possession of valid Texas driver's license**
 - b) **review of my driving record which is on file with appropriate law enforcement agencies**
 - c) **verification of work history, d) a criminal history background check, and**
 - e) **I must pass a drug screen as a condition of employment.**
- 3. I authorize all current and previous employers to release job related information upon the written request of Striping Technology, L.P. and any agent on its behalf. However, I understand if, in the employment history section, I have answered "No" to the question "**May we contact this employer?**" that contact with the employer will not be made without my specific authorization.
- 4. I authorize the Striping Technology, L.P. and any agent on its behalf to verify all job-related information on this application to determine my qualifications for the position for which I am applying. Moreover, I hereby release Striping Technology, L.P. and any agent on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.
- 5. I understand that if employed, **false statements** or **omissions** on this application or any other material required for employment shall be considered sufficient cause for dismissal.
- 6. I understand that my employment and compensation can be terminated at any time without cause, and with or without notice at any time, at the option of Striping Technology, L.P. I understand that no one has authority to promise permanent employment or employment for a definite period of time.
I understand that Striping Technology, L.P. is an "at-will" employer and that either party for any reason not expressly prohibited by state law can terminate the employment relationship at any time.

Printed Name: _____

Signature: _____

Date: _____

Physical Aspects

Striping Technology, L.P. performs job duties which require strenuous activities including heavy lifting, long hours and difficult weather conditions. If you are not in good physical shape or have difficulty performing physical labor you may not wish to work at Striping Technology, L.P.

By completing this application you are acknowledging these conditions and are aware of the risks associated with this type of work if not performed properly.

Physical History

Is there anything about you that could limit your ability to perform the job? Yes No

If so, what are those limitations, and what accommodations could be made to allow you to perform the job as outlined?

Workers Compensation Insurance Coverage

Striping Technology, L.P. has Worker's Compensation Coverage from **Liberty Mutual Insurance**.

You can find more information about your Worker's Compensation rights by contacting the TWCC on the web or by phone at 1-800-252-7031.

You may elect to retain your common law right of action. You must notify your Benefits Administrator in writing no later than 5 days after your first day of employment. If elected, you cannot obtain Worker's Compensation Income or Medical Benefits if you are injured on the job.

Applicant's Signature _____

Date _____



Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Cell: _____ 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? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

(Note: A felony conviction does not automatically disqualify you. Failure to disclose a felony conviction will disqualify you from being hired and/or result in termination.)

Education

High School: _____ Address: _____

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

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 who are **NOT** related to you.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____ Fax: () _____

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: () _____ Fax: () _____

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: () _____ Fax: () _____

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: _____

Striping Technology, L.P. is an equal opportunity employer. It is the policy of Striping Technology, L.P. that all employees and applicants for employment will be treated in all respects on the basis of their merit and qualifications and without regard to their race, color, national origin, age, disability, sexual orientation, religion, gender, military status, marital status or ancestry.

Revised: 05-23-08



**FAIR CREDIT REPORTING ACT
Disclosure and Authorization Statement**

To: All Applicants for Employment (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand **Striping Technology L.P.**, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal background consistent with state and federal law.

I am aware that a Motor Vehicle Report (MVR) may be obtained as part of Striping **Technology L.P.'s** evaluation of my job application and/or employment. The reports may be procured by **Striping Technology L.P.** or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.

I understand that upon written request to **Striping Technology L.P.**, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize **Striping Technology L.P.** to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize **Striping Technology L.P.** to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment.

I have carefully read and understand this Disclosure and Authorization form.
I release **Striping Technology L.P.**, its agents, and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

Date

Signature Applicant/Employee/

Name as it appears on Driver License

Driver License Number/Class A, B or C

Date of Birth

(To be maintained on file with Employment Application)



NOTICE AND AUTHORIZATION FOR JOB APPLICANT DRUG TESTING

Striping Technology, L.P. is a Drug Free Workplace.

As a matter of policy and to help ensure a safe work environment free of the use of illegal drugs that may impair your ability to perform the essential functions of the position, Striping Technology, L.P. screens job applicants for the presence of illegal drugs. A negative drug test is a condition of employment at Striping Technology, L.P. Applicants refusing to take a pre-employment drug test will not be considered for employment at Striping Technology, L.P.

Furthermore, positive test findings will result in any offer of employment being withdrawn (or termination if the results are received after your start date). A positive test result will disqualify you from employment or consideration from employment at Striping Technology, L.P. for a period of six (6) months, from the date the notice of the positive result was received. Submitting an altered urine sample will be treated as a positive test result.

Test results will be reported to company management. At management's discretion, an exception may be made for the use of legally prescribed medications taken under the direction and guidance of a qualified physician.

CONSENT AGREEMENT AND RELEASE OF LIABILITY

I have read, understand, agree, and consent to Striping Technology, L.P. policy as stated above.

I AUTHORIZE Striping Technology, L.P., its physician(s), nurses, technicians or agents to collect a specimen(s) of my blood and/or urine for analysis to detect the presence of alcohol and/or drugs.

I UNDERSTAND that decisions regarding my application for employment at Striping Technology, L.P. will be made from the result of this test.

I CONSENT to this test for drugs and authorize the attending physician and testing laboratory to provide test results to Striping Technology, L.P. In consideration for your review of my application, I hereby release Striping Technology, L.P., its affiliates, agents and employees from any liability resulting from employment decisions made from the test results.

Signature of Applicant: _____ Date: _____

Printed Name: _____

(To be maintained on file with Employment Application)

Equal Employment Opportunity/Affirmative Action Information

Striping Technology, L.P. requests your cooperation in the completion of this form. The information requested enables the City to report accurate, statistical information to both the state and federal governments. The information contained in this form will not be made available to any person involved in the hiring process. Completion of this section is voluntary and does not affect the application process. If you need reasonable interview or employment accommodations, please contact our Compliance Director.

This information will only be used for record keeping, statistical purposes, and to ensure that we comply with the Equal Employment Opportunity/Affirmative Action law, which helps to determine how effective our recruitment efforts are in reaching a broad cross-section of people in a recruitment area.

Applicant Information

Name: _____

Position Applied For or Reference # _____

Check the appropriate category:

Sex:

- Male
 Female

Education Level:

- GED H.S. Diploma College Credit Hours; how many? ____ Associates Bachelors Masters

Racial/Ethnic Group:

- White Black (not of Hispanic origin) Hispanic Asian/Pacific Islander
 American Indian/Alaskan Native Special Disabled Veteran Veteran of the Vietnam Era
 Disabled Individual Other – Specify (Optional): _____

How did you learn about this position?

- Advertisement Tyler Morning Telegraph Other Area Newspaper: _____
 Friend or relative Walk-in Internet – (Which website?) College or Career Fair
 Employee Referral – Name: _____
 Other:

EEO POLICY STATEMENT

Striping Technology, L.P. is an Equal Opportunity Employer. Individuals are hired solely upon the basis of their qualifications and ability to fulfill the requirements of the job.

It is the policy of Striping Technology, L.P. to assure that applicants during the application process, and employees are treated, without regard to their race, religion, sex, color, national origin, age, disability, status as a protected veteran, sexual orientation, or gender identity. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training.

All employees of Striping Technology, L.P. are encouraged to refer any individual, regardless of age, race, color, religion, sex, national origin to make application for employment with this company.

It is the policy of this company to ensure and maintain a working environment free of harassment, intimidation, and coercion at all sites, and in all facilities at which our employees are assigned. This policy will be rigidly adhered to at all times. Any violation of this policy should be reported immediately. Every employee and manager/supervisor has the responsibility to uphold this policy. Any questions or concerns regarding any aspect of this policy should be directed to the Equal Employment Opportunity Officer or to Human Resources.



CDL APPLICANT'S ONLY

YOU MUST SIGN, DATE AND RETURN the following 2 pages with your completed application. These forms are required to proceed with processing your application.
Thank You

DRIVER NOTIFICATION AND RELEASE

In connection with my application for employment with you, I understand that a consumer report, which may contain public record information, is being requested from DAC Services. This report may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, accidents, etc.

I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, states and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record requests may be others from such state agencies (2) State provided driving record (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its file on me at the time of my request, including the source of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding by request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies, which subscribe to DAC Service.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Date

Applicant Signature

Printed Name

Driver's License No.

_____-_____-_____
Social Security Number



Previous Employer Inquiry

APPLICANT: PLEASE SIGN AT THE "X" AT THE BOTTOM - **DO NOT FILL OUT FORM.**

To Former Employer: _____ Date: _____

_____ Social Security # _____ - _____ - _____
has completed an application to STLP for the position of CDL driver, and states that he/she was employed by you from _____ to _____. Will you kindly reply to the inquiry below regarding this application? Your reply will be held in strict confidence and will in no way involve you in any responsibility.

Is employment record with your company correct as stated above? Yes No

What kind(s) of work did he/she do? _____

Did he/she have custody of money or valuables? _____

If employed as a driver, specify equipment driven. _____

Number of accidents: _____ Number of preventable accidents: _____

Dates and nature of accidents: _____

Was his/her driver's license ever suspended or revoked? _____

Reason for leaving your employment? _____

Was his/her general conduct satisfactory? _____

Would you re-employ? _____

Any remarks with regard to the questions above?

By: _____ Title: _____
(Signature of Person Supplying Information)

By signing below I authorize the above named employer to release to STLP any and all information concerning my employment in compliance with 49CFR 391.23. I also agree that any information obtained by this inquiry becomes the sole and exclusive property of STLP.

X _____ Date: _____
Driver Signature:

Requested By:

Sharon Ford
HR Administrator
903-595-6800



VERIFICATION OF CONTROLLED SUBSTANCE / ALCOHOL TESTING (COMPLIANCE TO 49 CFR 40 FMCSR)

APPLICANT: PLEASE SIGN AT BOTH —“X’s” BELOW - DO NOT FILL OUT FORM.

_____ Social Security # _____ - _____ - _____
Name of Applicant

The above individual has applied for employment as a driver with Striping Technology, L.P.

- 1. Has this person tested positive for a controlled substance within the past three years? **YES NO**
- 2. Has this person tested .04 or higher for breath alcohol within the past three years? **YES NO**
- 3. Has this person refused to comply with a legal request or a controlled substance or breath alcohol test within the past three years? **YES NO**
- 4. Has this person violated any other areas of DOT drug and alcohol testing regulations in the past three years? **YES NO**
- 5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations (40.25c). **YES NO**
- 6. Please explain any **“YES”** answers. In space below:

By: _____ Title: _____
(Signature of Person Supplying Information)

I hereby authorize the individual named above to release the specified information concerning my employment with this company.

X _____ Date: _____
Driver Signature:

I certify, in accordance with 49 CFR 40.25, that I have not tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which I have applied, but was not hired, to perform safety-sensitive transportation work covered by a DOT agency drug and alcohol testing rules during the past three years.

X _____ Date: _____
Driver Signature:

Requested By:

Sharon Ford
HR Administrator
903-595-6800

Violation and Review Record

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
2. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___
3. Have you refused or failed a successful completion of the DOT return to duty process in the past 2 years after testing positive or refusal to submit to a DOT required drug/alcohol test? Yes ___ No ___
4. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ___ No ___

If you answered "Yes" to 1, 2, 3 or 4 please provide details

Traffic Convictions

List all traffic convictions and forfeitures for the past 12 months (other than parking violations). If none, write none.

Date	Offense	Type of Vehicle	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accident Record

List all accident's for the Past 5 Years (Attach sheet if more space is needed) If none, write none

Date	Type of Accident	Fatalities?		Injuries?	
		Yes ___	No ___	Yes ___	No ___
_____	_____	Yes ___	No ___	Yes ___	No ___
_____	_____	Yes ___	No ___	Yes ___	No ___
_____	_____	Yes ___	No ___	Yes ___	No ___

I certify that the above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the last 12 months and Accident Record for the past 5 years.

X _____
 Driver Signature Date

For Employees with Class "A" CDL – Driver Data Sheet Requirement

Instructions: Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which such driver was last relieved from duty prior to beginning work for such carrier.
 (49 CFR 395.8(j)(2))

Day	1	2	3	4	5	6	7	Total
Date	_____	_____	_____	_____	_____	_____	_____	_____
Hours	_____	_____	_____	_____	_____	_____	_____	_____

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from prior work at _____ am or pm on the _____ day of _____ (Month), _____ (Year).

_____ X _____
 Driver Name (print) Driver Signature Date