

APPLICATION FOR EMPLOYMENT

**ADOBE MACHINERY SERVICES, LLC
15838 TELGE ROAD
CYPRESS, TEXAS 77429**

PLEASE WRITE LEGIBLY AND GIVE COMPLETE ANSWERS TO ALL QUESTIONS. COMPLETED APPLICATION CAN BE EMAILED TO YGONZALES@ADOBEMACHINERY.COM.

PERSONAL DATA

Name: _____ Social Security No. _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City) (State) (Zip) (Phone)

Are you at least 18 years old? _____ If not, do you have a work permit? _____

Can you provide proof of legal work status? _____

For what position are you applying? _____ Expected Rate of Pay _____

Full Time _____ Part Time _____ What hours? _____ When can you start? _____

Have you previously worked or applied at either Quick Trax of Texas or Texas Heavy Equipment Repair? _____ If so, when? _____

How were you referred to Adobe Machinery Group? _____

List any relatives and/or friends presently working for Adobe Machinery Group (formerly Quick Trax of Texas and/or Texas Heavy Equipment Repair):

Name _____ Relationship _____ Position _____

Name _____ Relationship _____ Position _____

Driver License No: _____ State: _____

Type: Operator _____ Commercial _____ Has your license ever been suspended or revoked? _____

Prior to the commencement of employment, Adobe Machinery Group conducts a comprehensive criminal background check. Failure to disclose the requested information will result in the revocation of any offer of employment.

In the last seven years, have you ever been charged with or convicted of a misdemeanor, felony crime or filed for bankruptcy? _____ If yes, please provide the following information: Date(s)

Charge(s): _____

Result of outcome of said charge/conviction (i.e. plea, dismissal, fine, probated sentence, deferred adjudication, prison time, etc.) _____

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, marital status or the presence of non-job related medical condition or disability.

EDUCATION

List all educational, vocational, business schools and military or other training that may be of benefit to Adobe Machinery Group in assessing your qualifications for any available positions for which you wish to be considered:

School/Course Attended	Major Course of Study	Did you Graduate?	List Diplomas or Degrees, if any

List any foreign languages you read, speak or write fluently _____

WORK SKILLS

If applying for shop or field work, do you own tools? _____

List of equipment you can operate _____

Do you have technical experience in the following areas (check all that apply):

Type	#Yrs of Experience	List Equipment (Make/Model)
<input type="checkbox"/> Diesel Engines	_____	_____
<input type="checkbox"/> Heavy Equipment	_____	_____
<input type="checkbox"/> Cranes	_____	_____
<input type="checkbox"/> Automotive	_____	_____
<input type="checkbox"/> Other	_____	_____

List any additional skills, qualifications or specialties which would contribute to job effectiveness:

EMPLOYMENT HISTORY

Note: Show last or present employer first. Dates should be continuous. If unemployed for any period, show dates of unemployment. Please list supervisor for whom you worked. Failure to complete employment history as requested could result in denial of employment consideration.

Name of Company	Type of Business	Address and Phone Number

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Reason for Leaving: _____

Starting Pay: _____ Final Pay _____ May we contact? _____

Your job title: _____ Your supervisor's name and title _____

Description of your work: _____

Name of Company	Type of Business	Address and Phone Number
-----------------	------------------	--------------------------

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Reason for Leaving: _____

Starting Pay: _____ Final Pay _____ May we contact? _____

Your job title: _____ Your supervisor's name and title _____

Description of your work: _____

Name of Company	Type of Business	Address and Phone Number
-----------------	------------------	--------------------------

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Reason for Leaving: _____

Starting Pay: _____ Final Pay _____ May we contact? _____

Your job title: _____ Your supervisor's name and title _____

Description of your work: _____

If more than three previous employers, list others here:

Starting Date From	Leaving Date To	Company and Phone No.	Position	Final Pay	Reason for leaving

AGREEMENT

I understand that my employment with Adobe Machinery Services is voluntary on the parts of Adobe Machinery Services and myself and may be ended by either party at will. I also understand that no manager or supervisor has the authority to make guarantees as to career advancement, pay increases or continued employment and only a written statement signed by the Chief Financial Officer of Adobe Machinery Services may alter my at-will employment status.

I hereby authorize any properly designated company official to conduct whatever investigation necessary in connection with the data herein. I hold free from any liability all former employers and other persons who may in response to inquiries made by Adobe Machinery Services furnish true information pertaining to my employment history and for Adobe Machinery Services the use of such data in reciprocal inquiries from other companies. I further agree that falsification of information in this questionnaire shall be construed to be fraud against the Company and shall be grounds for dismissal if I shall become an employee of the Company. I understand that I must pass a drug screen prior to my employment with Adobe Machinery Services.

_____ Date

_____ Signature

ONLY COMPLETE NEXT SECTION UPON EMPLOYMENT

Birthdate: _____ Cell Phone: _____ Home Phone: _____

Personal Email: _____

Marital Status: Single _____ Married _____

Spouse Name: _____ Date of Birth _____

Children: _____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

If present address is less than one year, list previous address(es): _____

Persons to be notified in case of emergency:

(1) Name: _____ Relationship _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone: _____ Business Phone: _____

(2) Name: _____ Relationship _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone: _____ Business Phone: _____