

**APPLICATION FOR EMPLOYMENT**

<b>Position(s) Applied For</b>	<b>Today's Date</b>
<b>How did you learn about us?</b>	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____	

<b>PERSONAL INFORMATION</b>				
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>		
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Country</b>
<b>How long have you been at this address:</b>		<b>Telephone Numbers:</b>		
____ Years	____ Months	Home:	Work:	Cell:
<b>May we contact you at work?</b>		<b>E-mail Address:</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes				
Do you have any friends or relatives who work for ProTorque? If yes, please state name and relationship:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an Application with ProTorque before?				<input type="checkbox"/> Yes <input type="checkbox"/> No
*If "yes", please note with which Operation and approximate date.				Date: _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Due to the nature of PT business, we are sometimes required to complete a pre-access drug test. Are you willing to take and pass a pre-employment/pre-access drug test?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing and able to spend extended periods of time away from home?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to lift up to 50lbs throughout the day?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently employed? If yes, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, may we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a dependable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available to begin work?	Date: _____
Do you have a valid Texas driver's license?     CDL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your license ever been suspended? A suspended license does not automatically make you ineligible for employment with ProTorque.	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If "yes", explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any motor vehicle accidents in the past 3 years? If so, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you been convicted of a felony within the past seven (7) years? If yes, explain at interview. (Indicating "yes" will not automatically or necessarily eliminate you from consideration for employment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION				
	Name of School Attended	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College Business / Trade / Professional School				
Graduate / Professional				
Other (Specify)				

**Additional Information**

Summarize special job related skills & qualifications you feel may be helpful to us in considering your application.

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**EMPLOYMENT EXPERIENCE**

Please begin with your present or most recent job. Include any job-related military service assignments or volunteer activities. **Please DO NOT state, "See Resume."** The Application must be completed in its entirety. Incomplete Applications will not be considered for employment.

Most Recent Employer:	Dates Employed		Supervisor Name and Phone Number:
	From (Mo/Yr)	To (Mo/Yr)	
Address:			Work Performed:
Telephone Number(s):	Wage / Salary		
Job Title:	Beginning	End	
Reason for Leaving:			
Employer:	Dates Employed		
Address:	From (Mo/Yr)	To (Mo/Yr)	Work Performed:
Telephone Number(s):	Wage / Salary		
Job Title:	Beginning	End	
Reason for Leaving:			

Employer:	Dates Employed		Supervisor Name and Phone Number:
	From (Mo/Yr)	To (Mo/Yr)	
Address:			Work Performed:
Telephone Number(s):	Wage / Salary		
	Beginning	End	
Job Title:			
Reason for Leaving:			
Employer:	Dates Employed		Supervisor Name and Phone Number:
	From (Mo/Yr)	To (Mo/Yr)	
Address:			Work Performed:
Telephone Number(s):	Wage / Salary		
	Beginning	End	
Job Title:			
Reason for Leaving:			
Employer:	Dates Employed		Supervisor Name and Phone Number:
	From (Mo/Yr)	To (Mo/Yr)	
Address:			Work Performed:
Telephone Number(s):	Wage / Salary		
	Beginning	End	
Job Title:			
Reason for Leaving:			

**PROFESSIONAL REFERENCES**

Please list a minimum of three professional references of individuals to whom you reported and who are **not** related to you.

Name	Phone Number	Where did he/she supervise your work?