

**APPLICATION FOR EMPLOYMENT  
LIMECO, INC.**

**P.O. BOX 2435  
PEARLAND, TX. 77588-2435**

**8721 INDUSTRIAL DR.  
PEARLAND, TEXAS. 77584**

**IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON-JOB RELATED DISABILITY.**

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ STATE: \_\_\_\_\_

TYPE OF EMPLOYMENT DESIRED: \_\_\_\_\_ FULLTIME \_\_\_\_\_ PART TIME \_\_\_\_\_ TEMPORARY

	YES	NO
HAVE YOU EVER BEEN EMPLOYED AT LIMECO, INC. BEFORE?	_____	_____
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)	_____	_____
ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THE POSITION?	_____	_____
HAVE YOU BEEN CONVICTED OF A FELONY DURING THE LAST 7 YEARS?	_____	_____

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_  
(NAME) (CITY, STATE)

LIST ANY ADDITIONAL SCHOOLS YOU HAVE ATTENDED OR ANY JOB-RELATED TRAINING YOU HAVE RECEIVED.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

**YES**

**NO**

**ARE YOU CURRENTLY EMPLOYED?**

\_\_\_\_\_

\_\_\_\_\_

**MAY WE CONTACT YOUR CURRENT EMPLOYER?**

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

**PLEASE BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYER.**

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			

**COMMENTS: INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU NOW EMPLOYED? \_\_\_\_\_ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_  
 MAY WE CALL YOUR CURRENT EMPLOYER? \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4  
 LAST SCHOOL ATTENDED: \_\_\_\_\_

(CITY, STATE)

HAVE YOU COMPLETED A COURSE IN TRUCK DRIVING FROM AN ACCREDITED SCHOOL OR THE MILITARY? YES \_\_\_\_\_ NO \_\_\_\_\_

SCHOOL/SERVICE BRANCH \_\_\_\_\_

CITY/STATE \_\_\_\_\_

MONTH/YEAR GRADUATED \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS? NO \_\_\_\_\_ YES \_\_\_\_\_

WHO REFERRED YOU TO LIMECO. INC.? \_\_\_\_\_

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**ACCIDENT RECORD FOR THE PAST FIVE YEARS**

DATE	TYPE OF ACCIDENT (OVERTURE, HEAD-ON, ETC.)	TICKET	FATALITIES
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

IF NONE WRITE NONE HERE. \_\_\_\_\_

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**MOVING VIOLATIONS FOR THE PAST FIVE YEARS**

DATE	LOCATION	VIOLATION
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____

IF NONE WRITE "NONE" HERE. \_\_\_\_\_

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*USE THE BACK OF THIS PAGE IF YOU NEED TO EXPLAIN FURTHER ANY STATEMENTS YOU HAVE GIVEN.*

MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT THIS APPLICATION HAS BEEN COMPLETED BY ME AND ALL INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE YOU TO MAKE INQUIRIES TO ASCERTAIN INFORMATION REGARDING BACKGROUND INFORMATION IN ORDER TO SECURE EMPLOYMENT WITH YOUR COMPANY. I RELEASE EMPLOYERS, SCHOOLS AND ALL OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO THOSE INQUIRES.

I FURTHER UNDERSTAND THAT IF I HAVE GIVE FALSE OR MISLEADING INFORMATION ON THE APPLICATION IT WILL BE GROUNDS FOR MY IMMEDIATE TERMINATION WITHOUT RECOURSE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE