



## Employment Application

DOUBLE M PUMP, LLC

**Please:**

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Type or print all requested information.
- If space provided is not sufficient for complete answers or you wish to furnish additional information, attach additional 8 1/2" X 11" sheets of paper to this application.
- Submit your application to [hr@doubelpump.net](mailto:hr@doubelpump.net) or fax to (432) 224-1015.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code How Long?*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 been convicted of a felony? Yes No

If yes, explain: \_\_\_\_\_

Have you ever applied to or worked for Double M Pump before? If so, Yes No

list titles and dates of employment. \_\_\_\_\_

Are any of your relatives currently working for Double M Pump? If so, Yes No

please list name and department, if applicable. \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

## Employment Request

Date Available: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Minimum Salary Requested: \_\_\_\_\_ If applicable, are you available for overtime? Yes No

If applicable, are you willing to relocate? Yes No Are you available to work rotating shifts? Yes No

If applicable, are you available to travel if the position requires it? Yes No

## Education/Training

| High School Name | Dates Attended - Mo./Yr. |    | Years Completed | Did You Graduate? | Type of Diploma |
|------------------|--------------------------|----|-----------------|-------------------|-----------------|
|                  | From                     | To |                 |                   |                 |
|                  |                          |    |                 |                   |                 |
|                  |                          |    |                 |                   |                 |

| College/University Name | Dates Attended - Mo./Yr. |    | Credit Hours Earned | Did You Graduate? | Type of Degree |
|-------------------------|--------------------------|----|---------------------|-------------------|----------------|
|                         | From                     | To |                     |                   |                |
|                         |                          |    |                     |                   |                |
|                         |                          |    |                     |                   |                |

Major \_\_\_\_\_ Minor \_\_\_\_\_

Other Schools (Trade, Vocational, Business):

| Name | Dates Attended - Mo./Yr. |    | Credit Hours Earned | Area of Study | Did You Graduate? | Type of Degree |
|------|--------------------------|----|---------------------|---------------|-------------------|----------------|
|      | From                     | To |                     |               |                   |                |
|      |                          |    |                     |               |                   |                |
|      |                          |    |                     |               |                   |                |

Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying:

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General Computer Knowledge: Basic Advanced  
 Computer Skills: Word Excel Outlook  
 Other \_\_\_\_\_

**License Information**

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Total Number Years of Commercial Driving: \_\_\_\_\_

| Type of Equipment: | Years Driven | Products Hauled |
|--------------------|--------------|-----------------|
|                    |              |                 |
|                    |              |                 |
|                    |              |                 |

Number of Tickets in the last 5 years? \_\_\_\_\_

What were the offenses? \_\_\_\_\_

Number of Motor vehicle accidents in the last 5 years? \_\_\_\_\_

Were any of the above accidents in a commercial vehicle? \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? If yes, explain:

Has any license, permit of privilege ever been suspended or revoked? If yes, explain:

**Previous Employment (10 Years History Required)**

- List chronologically all your employment for the last 10 years including current employment, summer and part-time employment while attending school.
- All time must be accounted for.
- Any length of time not employed, indicate dates and reason.
- Attach a separate sheet of paper for additional employment history, if necessary.

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_

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.*

*I hereby grant Double M Pump, LLC permission to obtain and verify driving records, criminal history, credit information, employment history, address history, military service, and social security number verification for the purpose of making an employment decision.*

*It is the policy of Double M Pump, LLC to comply with all applicable state and federal laws prohibiting unlawful discrimination in employment based on race, age, color, sex, religion, national origin, disabilities, or other protected classification.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_