



508 Pickering Street
Houston, Texas 77091

EMPLOYMENT APPLICATION

APPLICANT INFORMATION															
Last Name				First				M.I.		Date					
Street Address						Apartment/Unit #									
City				State				ZIP							
Phone				E-mail Address											
Date Available								Desired Salary							
Position Applied for															
Are you legally authorized to work in the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, will you require sponsorship to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?							
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain							
EDUCATION															
High School				City, State											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College				City, State											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other				City, State											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
REFERENCES															
<i>Please list three professional references.</i>															
Full Name						Relationship									
Company						Phone									
Address															
Full Name						Relationship									
Company						Phone									
Address															
Full Name						Relationship									
Company						Phone									
Address															

PREVIOUS EMPLOYMENT

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

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
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Employment Record Search
Signed Release Form
Please print top portion

Name _____ A.K.A. _____
First Middle Last

Address _____ City/State _____ Zip _____
Current

Previous _____ City/State _____ Zip _____

Previous _____ City/State _____ Zip _____

SSN _____ DOB _____ (For Identification Only)

Driver's License Number _____ State Issued _____

LIST ALL CONVICTIONS INCLUDING TRAFFIC AND CRIMINAL

Criminal Offense(s)			Traffic Offense(s)		
Year	Offense	County	Year	Offense	County
1. _____	_____	_____	1. _____	_____	_____
2. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	3. _____	_____	_____
4. _____	_____	_____	4. _____	_____	_____

I hereby authorize the release to FleetScreen, Ltd. an independent contract agency, of information held by any parties *regarding my Criminal History information, to include my record of arrests and, or convictions for violations of any federal, state, local statutes or ordinances, my credit history, workers compensation history, driving record and hereby whatsoever for issuing this information.* I further understand this information may be reviewed initially and periodically by FleetScreen, and reported to my prospective employer.

I understand my prospective employer intends to utilize the investigation into my background for employment purposes only, and shall not disclose such information to any other party. I hereby acknowledge that FleetScreen cannot vouch for or guarantee accuracy of information provided by third parties. Accordingly, I release FleetScreen, its agents and/or my prospective employer from any and all liability arising out of any errors or omissions regarding my background information and authorize FleetScreen to release the results of its investigation to my prospective employer. NOTE: Louisiana driving records are supplied by American Driving Records.

Applicant signature: _____ **Date:** _____

Signature is required – Please DO NOT PRINT

Must be completed by client before investigation will be performed

Client: Morrell Masonry Supply, Inc. Human Resources Specialist: Samantha Barry

Phone: (713) 691-6567 Fax: (713) 691-6564

Manager, please indicate which reports you require.

Criminal ___ SSN ___ Education ___ Employment ___ MVR **X**

Phone (817)332-0044 Fax (817)332-0055