



## APPLICATION FOR EMPLOYMENT

Please **PRINT IN BLACK/BLUE INK OR TYPE:** Fill out application form completely. If questions are not applicable, enter "N/A." **Do not leave questions blank.** Be sure to sign when completed.

**POSITION APPLYING FOR:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SS No.** XXX - XX - \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**PHONE:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **DATE OF APPLICATION:** \_\_\_\_\_

ARE YOU LOOKING FOR (Check all that apply)?

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Summer \_\_\_\_\_ Temp/Project \_\_\_\_\_

WORKED WITH US BEFORE: YES \_\_\_\_\_ NO \_\_\_\_\_ **DATE AVAILABLE FOR WORK:** \_\_\_\_\_

ARE YOU WILLING TO WORK HOURS OTHER THAN 8 AM TO 5 PM? YES \_\_\_\_\_ NO \_\_\_\_\_

LIST DAYS YOU ARE UNABLE TO WORK? \_\_\_\_\_

ARE YOU WILLING TO TRAVEL? Yes \_\_\_\_\_ No \_\_\_\_\_ **IF YES WHAT PERCENT TIME?** \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OLD? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (Check One)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (Check One)

If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case (s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

**EDUCATION** (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

INDICATE HIGHEST GRADE COMPLETED: **1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16**

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED: YES \_\_\_\_\_ NO \_\_\_\_\_

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?
HIGH SCHOOL		
TECHNICAL, VOCATIONAL, OR BUSINESS SCHOOLS		
COLLEGE/UNIVERSITY		

**List your Work History below.** This information will be the official record of your work history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment, Begin with your current or last position and work back to your first.
2. Work history should include each position held, even those with the same employer.
3. EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESS, INCLUDING ZIP CODE.
4. Give a brief summary of the technical and if appropriate, the managerial responsibilities of each position.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

### **WORK EXPERIENCE**

<b>Employers Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>Zip Code:</b>
<b>Job Title:</b>	<b>Pay Rate:</b>
<b>Start Date:</b>	<b>End Date:</b>
<b>Describe work responsibilities:</b>	
<b>Reason for leaving:</b>	<b>Supervisor Name:</b>

<b>Employers Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>Zip Code:</b>
<b>Job Title:</b>	<b>Pay Rate:</b>
<b>Start Date:</b>	<b>End Date:</b>
<b>Describe work responsibilities:</b>	
<b>Reason for leaving:</b>	<b>Supervisor Name:</b>

<b>Employers Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>Zip Code:</b>
<b>Job Title:</b>	<b>Pay Rate:</b>
<b>Start Date:</b>	<b>End Date:</b>
<b>Describe work responsibilities:</b>	
<b>Reason for leaving:</b>	<b>Supervisor Name:</b>

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE CERTIFICATION	DATE ISSUED	DATE EXPIRES	ISSUED BY/LOCATION OF ISSUING AUTHORITY	LICENSE NO.

**Please check if you have experience operating any of the following heavy equipment:**

Backhoe  Excavator  Motor Grader  Front End Loader  Roller  Crane

List any office equipment/computer experience/software: \_\_\_\_\_

CAN YOU TYPE? YES \_\_\_\_\_ NO \_\_\_\_\_ WORDS PER MINUTE: \_\_\_\_\_

Do you speak a language other than English? \_\_\_\_\_ If yes, what language do you speak? \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTAND AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of investigation or other organizations, for any criminal history in accordance with applicable statues.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I understand that disclosure of my Social Security Number (SSN) is optional. The company to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a section 7(b).
6. Please note, this application is not intended to and does not create a contract or offer of employment. If hired, employment with the company would be on an at-will basis and could be terminated at the will of either party.
7. IOC Company LLC, Terra Firma Materials LLC, and IOC Trucking LLC complies with federal and state disability laws and makes reasonable accommodations for applicants and employees with disabilities. If reasonable accommodations is needed to participate in the job application or interview process, to perform essential job functions, and/or to receive other benefits and privileges of employment, please contact Sandra Ceballos, HR Department, 956-380-2897, scebалlos@ioccompany.com

**THIS APPLICATION MUST BE SIGNED**

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_\_  
Date

**AN EQUAL OPPORTUNITY EMPLOYER**

IOC Company LLC is an Equal Opportunity Employer and does not discriminate in hiring or employment on the basis of race, color, national origin, sex, religion, age, genetic information, veteran status, disability in employment or the provision of services.