

EMPLOYMENT APPLICATION

Solicitud de Empleo



812 W. HOLIDAY LN
FATE, TX 75132

DATE/FECHA: _____

PERSONAL INFORMATION- INFORMACION PERSONAL

FULL NAME/NOMBRE:		PHONE NUMBER/TELEFONO:
ADDRESS/DIRECCION:		CITY/CIUDAD:
STATE/ESTADO:	ZIP/CODIGO POSTAL:	EMAIL/CORREO ELECTRONICO:
SOCIAL SECURITY NO./NUMERO DE SEGURO SOCIAL:		DATE OF BIRTH/FECHA DE NACIMIENTO:

EMPLOYMENT DESIRED- EMPLEO DESEADO

POSITION/PUESTO:	DATE AVAILABLE TO START/FECHA QUE PUEDE EMPEZAR:
EMPLOYMENT DESIRED/ EMPLEO DESEADO:	
☐ Full-time/ A TIEMPO COMPLETO ☐ Part-time/ A TIEMPO PARCIAL	

PREVIOUS EMPLOYMENT- EMPLEO ANTERIOR

COMPANY NAME/ NOMBRE DE LA EMPRESA:		ADDRESS/DIRECCION:
CITY/CIUDAD:	STATE/ESTADO:	ZIP/CODIGO POSTAL:
COMPANY PHONE NUMBER/TELEFONO:		MAY WE CONTACT THIS EMPLOYER ? PODEMOS PONERNOS EN CONTACTO CON ESTE EMPLEADER?
POSITION/PUESTO:	PAY/ PAGAR:	
REASON FOR LEAVING/ MOTIVO PARA IRSE:		

PREVIOUS EMPLOYMENT- EMPLEO ANTERIOR

COMPANY NAME/ NOMBRE DE LA EMPRESA:		ADDRESS/DIRECCION:
CITY/CIUDAD:	STATE/ESTADO:	ZIP/CODIGO POSTAL:
COMPANY PHONE NUMBER/TELEFONO:		MAY WE CONTACT THIS EMPLOYER ? PODEMOS PONERNOS EN CONTACTO CON ESTE EMPLEADER?
POSITION/PUESTO:	PAY/ PAGAR:	
REASON FOR LEAVING/ MOTIVO PARA IRSE:		

HAVE YOU EVER WORKED FOR THIS COMPANY?
ALGUNA VEZ HAS TRABAJADO PARA ESTA EMPRESA?

☐ YES/SI ☐ NO

ARE YOU LEGALLY ALLOWED TO WORK IN
THE UNITED STATES?
ESTA LEGALMENTE AUTORIZADO A TRABAJAR EN LOS
ESTADOS UNIDOS?

☐ YES/SI ☐ NO

ARE YOU A CITIZEN OF THE UNITED STATES?
ERES CIUDADANO DE LOS ESTADOS UNIDOS?

☐ YES/SI ☐ NO

HAVE YOU EVER PLEADED GUILTY, NO CONTEST OR
BEEN CONVICTED OF A CRIME?
ALGUNA VEZ SE HA DECLARADO CULPABLE, NO HA
DISPUTADO O HA SIDO CONDENADO POR UN DELITO?

☐ YES/SI ☐ NO

IF YES, PLEASE EXPLAIN:
SI CONTESTA SI POR FAVOR EXPLIQUE:

SIGNATURE/FIRMA: _____



Employee Agreement and Consent to Drug and/or Alcohol Testing

I hereby agree, upon request made under the drug/alcohol testing policy of Trak-Time, Inc (the Company), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if at any time I refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Trak-Time, Inc. and/or its company physician send the specimen collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Trak-Time, Inc. and/or to any governmental entity involved in a legal proceeding or investigation connect to the test. Finally, I authorize Trak-Time, Inc. to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected to the test.

I understand that only duty-authorized Trak-Time, Inc. employees, owners, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless, Trak-Time, Inc. as well as its owners, agents, company physician, and/or any testing laboratory. Meaning, that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if aTrak-Time,Inc. representative, owners, agents, or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Trak-Time, Inc. , the owners, agents company physician, and any testing laboratory for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR AS PART OF A RANDOM DRUG TESTING PROGRAM.

Signature of Employee

Company Representative

Employee's Name- Printed

Date



Authorization for Background Check

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Trak-Time, INC. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Trak-time, INC. will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Employee

Date

Employee Name -Printed



Safety and Health Manual Form

I, _____ have reviewed all Safety, Health, and Company policies and acknowledge that I have access to the Trak-Time Safety and Health Manual which contains these policies. The manuals are available through the supervisors, foreman, and the office, I understand that it is my responsibility to have thorough knowledge and follow the rules while on duty, on company property, and on a jobsite. Conditions may arise which are not covered by a rule or instructions. therefore sound judgement must be applied. Deviations from the rules are not permitted.

Please sign and date below

I have read and understand the Safety, Health, and Company policies

Signed Employee Name

Date

Printed Employee Name

Emergency Contact Information

Contacto de Emergencia



Personal Information/ Información personal

Employee Name/ Nombre del Empleado: _____

Address/ Dirección: _____

Cell Phone/ Número de teléfono: _____

Date of Birth: _____

Fecha nacimiento _____

Marital Status: _____

Estado civil _____

Emergency Contacts/ Contacto de Emergencia

This information will remain confidential and will only be used in case of an emergency.

Esta información será confidencial y sólo se utilizará en caso de emergencia.

Primary Contact/ Contacto principal: _____

Relationship/ Relación: _____

Address/ Dirección: _____

Telephone Number/ Número de teléfono: _____

Secondary Contact/ Contacto secundario: _____

Relationship/ Relación: _____

Address/ Relación: _____

Telephone Number/ Número de teléfono: _____

Additional information that may be helpful in the event of an emergency:

Información adicional que puede ser útil en caso de emergencia:

☐ I have voluntarily provided the above contact information and authorize to contact any of the above on my behalf in the event of an emergency.

He facilitado voluntariamente los datos de contacto arriba indicados y autorizo a que se pongan en contacto con cualquiera de ellos en mi nombre en caso de emergencia.

Employee Signature
Firma del empleado

☐ I choose not to furnish any emergency contact information at this time.

Elijo no proporcionar ninguna información de contacto de emergencia en este momento.

Date
Fecha



"Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee Signature: _____ Date: _____

I-A.

New Employer Name: TRAK-TIME, INC.

Address: PO BOX 506 FATE, TX 75132

Phone #: 214-771-0400 Fax #: 214-771-0412 or Email: controller@trak-time.com

Designated Employer Representative: Zee Sereseroz (Controller | Accounting/ HR Mgr.)

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ____ NO ____
2. Did the employee have verified positive drug tests? YES ____ NO ____
3. Did the employee refuse to be tested? YES ____ NO ____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ____ NO ____
5. Did a previous employer report a drug and alcohol rule violation to you? YES ____ NO ____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ____ YES ____ NO ____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Print Name

Signature

Title: _____ Phone #: _____ Date: _____