



P.O. BOX 1680  
PHARR, TX 78577  
(956) 781-2496

# Application for Employment

[Fill in every blank - Write N/A in blanks which are not applicable.]  
Incomplete applications will not be considered.

Application Date

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Phone Number

Have you ever worked under another name? **YES / NO**

If yes, write name(s) you have worked under: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Are you over the age of eighteen (18)? **YES / NO**

Are you eligible for employment under the immigration laws of the United States? **YES / NO**

If hired, can you provide proof of employment eligibility? **YES / NO**

Do you have a: Driver's License \_\_\_\_\_  
State Number Type Restrictions  
or Identification Card \_\_\_\_\_  
State Number

Do you have reliable transportation to work? **YES / NO**

Are you willing to travel throughout the Rio Grande Valley for work? **YES / NO**

Due to facilities we may be contracted to work at (schools, law enforcement agencies, government buildings), you may be asked for information regarding any criminal history or required to submit to a background check and/or fingerprinting. Have you ever been convicted of a crime or received a judgement of deferred adjudication of an offense, whether a misdemeanor or felony, excluding traffic offenses? **YES / NO**

(Answering "YES" DOES NOT disqualify you from employment with D & F Industries, Inc..)

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

Have you previously been employed by D & F Industries, Inc.? **YES / NO** If yes, when? \_\_\_\_\_

Were you referred to D & F Industries, Inc.? **YES / NO** If yes, by whom? \_\_\_\_\_

Do you know anyone working for D & F Industries, Inc.? **YES / NO** If yes, who? \_\_\_\_\_

Have you ever been terminated or asked to resign from a job? **YES / NO**

If yes, please provide details: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_

Wage Desired: \_\_\_\_\_

Currently employed? \_\_\_\_\_

## EDUCATION & APPRENTICESHIP EXPERIENCE

High School Diploma

Year Received: \_\_\_\_\_

GED

Year Received: \_\_\_\_\_

Name of College / University / Trade / Vocational School Attended: \_\_\_\_\_

Did you graduate? **YES / NO**

Major / Craft Studied: \_\_\_\_\_

Have you ever served an apprenticeship? **YES / NO**

If so, what craft? \_\_\_\_\_

Dates Served: From \_\_\_\_\_ To \_\_\_\_\_

Name of apprenticeship organization: \_\_\_\_\_

Do you hold any of the following Electrical Licenses?  
Apprentice  # of years held \_\_\_\_\_  
Journeyman  \_\_\_\_\_  
Master  \_\_\_\_\_  
In which state? \_\_\_\_\_

Do you hold any of the following HVAC Licenses?  
ACR Contractor  # of years held \_\_\_\_\_  
Certified ACR Tech  \_\_\_\_\_  
Registered ACR Tech  \_\_\_\_\_  
In which state? \_\_\_\_\_

## MILITARY EXPERIENCE

Military Service Dates: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Branch of service: \_\_\_\_\_

Are you currently serving in the Reserves or National Guard? **YES / NO**  
(Answering "YES" DOES NOT disqualify you from employment with D & F Industries, Inc.)

Describe duties performed or training received in service that, in your opinion, relates to the position you are applying for: \_\_\_\_\_  
\_\_\_\_\_

## SKILLS & TRAINING

Please note any skills / training / certifications you hold that are VALID (not expired).

OSHA 10

Aerial Lift

Backhoe

CSST

(Construction Site Safety Technician)

OSHA 30

Forklift

CPR/First Aid

EM-385

Boom  
Truck/Lift

AED  
(Defibrillator)

CSHO

(Certified Safety & Health Official)

Other: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

(List below, beginning with the most recent, your employment history.)

**1.**

Company Name \_\_\_\_\_ Position Held \_\_\_\_\_ City/State \_\_\_\_\_

Phone Number \_\_\_\_\_ Name/Title of Supervisor \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_

Describe in detail the work/duties you performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**2.**

Company Name \_\_\_\_\_ Position Held \_\_\_\_\_ City/State \_\_\_\_\_

Phone Number \_\_\_\_\_ Name/Title of Supervisor \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_

Describe in detail the work/duties you performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**3.**

Company Name \_\_\_\_\_ Position Held \_\_\_\_\_ City/State \_\_\_\_\_

Phone Number \_\_\_\_\_ Name/Title of Supervisor \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_

Describe in detail the work/duties you performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## REFERENCES

(List below three persons not related to you who can attest to your character.)

Name \_\_\_\_\_ City/State \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ City/State \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ City/State \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone Number \_\_\_\_\_

## ACKNOWLEDGEMENT & CERTIFICATION

D & F Industries, Inc. is an Equal Opportunity Employer and no question on this application is / will be used to elicit information concerning an individual's protected status.

I understand that this application for employment is valid for thirty (30) calendar days from the date signed. If not acted upon by that time, this application will be null and void and I will need to re-apply.

I certify that all answers given herein are true, accurate and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying documents) may be cause for denial of employment or immediate termination of employment, regardless of when or how the information was obtained or discovered.

I understand that D & F Industries, Inc. has a strict policy in regards to drug and alcohol use. I understand that as part of the application process and that if an offer of employment is extended to me, that during the duration of my employment, I may be asked to submit to a drug or alcohol screen rendered by an outside laboratory or clinic and not by D & F Industries, Inc. directly.

By my signature below, I understand that this application is not an offer of employment and that the use of this application does not indicate that there is an opening for the position for which I am applying and does not obligate D & F Industries, Inc. to extend an offer of employment to me. I acknowledge that, if offered, employment with D & F Industries, Inc. is on an 'AT-WILL' basis (meaning either the Employer or Employee can terminate the employment relationship at any time for any reason).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

ELECTRICAL & MECHANICAL CONTRACTORS  
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