

# **RUSTY'S ★ WEIGH**

## **SCALES & SERVICE INC.**

### **EMPLOYMENT APPLICATION**

Employer: Rusty's Weigh Scales & Service Inc.  
Address: 408 North Interstate 27  
City/State/Zip: Lubbock, Texas 79403-322  
Telephone: (806) 747-2912  
Email: www.rustysweigh.com

It is the policy of Rusty's Weigh Scales & Service Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Full Name: (First, Middle, Last) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Job Position Applied For: \_\_\_\_\_

Salary Desired: \$: \_\_\_\_\_ Per: \_\_\_\_\_

Referral Source: Who referred you to our company? \_\_\_\_\_

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Have you applied to our company previously? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you at least 18 years old? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How will you get to work? \_\_\_\_\_

Do you have a driver's license? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ DL State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Have you ever had your license suspended or revoked? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you had any traffic violations in the past 12 months? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain \_\_\_\_\_

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Received by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

**If applying for a job requiring a CDL:**

Are you willing to obtain a commercial driver's license (CDL)? \_\_\_\_\_

A Texas Commercial Driver License Application Interstate Driver Certification is attached.

Do you meet the qualifications for obtaining a CDL? \_\_\_\_\_

Ever been convicted of a DWI: \_\_\_\_\_ Ever been convicted of a DUI: \_\_\_\_\_

Ever been convicted of a felony or subjected to deferred adjudication on a felony charge? \_\_\_\_\_

If your answer is "Yes", explain in concise detail, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

Are you willing to work any shift, including nights and weekends? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, please state any limitations: \_\_\_\_\_

Are you willing to travel out of town and stay overnight? \_\_\_\_\_

If you were offered employment, when would you be available to begin work? \_\_\_\_\_

Are you physically capable of lifting and carrying items weighing 50lbs?  Yes  No

Have you ever been dismissed or forced to resign from any employment?  Yes  No

Are you legally eligible for employment in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you able to perform the essential function of the job position with or without reasonable accommodation?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

What reasonable accommodation, if any, would you require? \_\_\_\_\_

**Applicant Employment History: List your current or most recent employment first.**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

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**Applicant Education and Training:**

High School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Diploma: \_\_\_\_\_ GED: \_\_\_\_\_

College Name: \_\_\_\_\_

Address: \_\_\_\_\_

Did you receive a degree? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Degree(s) received: \_\_\_\_\_

Certifications/Licenses: \_\_\_\_\_

Other Training (graduate, technical, vocational): \_\_\_\_\_  
.....Awards, Honors, Special Achievements: \_\_\_\_\_

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**Applicant Skills: List any skills that may be useful for the job you are seeking.**

Skills	Years of Experience	Ability/Rating
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**References: List any two individuals who would be willing to provide a reference for you.**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Long Known \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Long Known \_\_\_\_\_

**Please provide any other information that you believe should be considered:**

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# CERTIFICATION

I certify that information provided on this application is truthful and accurate. I understand that providing false or misleading information will be grounds for rejection of my application, or if employment commences immediate termination.

I authorize Rusty's Weigh Scales & Service Inc. to contact former employer(s) and educational organization(s) in regard to my employment and education history. I authorize my former employer(s) and educational organization(s) to release any and all information regarding my previous employment, attendance, and/or grades. I also authorize any person(s) designated as references to fully and freely communicate information regarding my previous employment, education and/or my character.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of Rusty's Weigh Scales and Service, Inc. by an authorized officer of the company, the employment relationship will be entirely voluntary in nature.

I understand that with appropriate notice, I will have the full and complete discretion to end the employment relationship with Rusty's Weigh Scales and Service, Inc. when I chose and for any reason of my choosing. Similarly, Rusty's Weigh Scales and Service, Inc. will have the same right to terminate my employment at any time and for any reason. I understand no agent representative or employee of Rusty's Weigh Scales & Service, Inc., except by written contract signed on behalf of Rusty's Weigh Scales and Service, Inc. by an authorized officer of the company, has the power to alter or vary the voluntary nature of my employment.

**I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE CERTIFICATION, AND I ACKNOWLEDGE AND AGREE TO THE TERMS HEREIN.**

Applicant Signature: \_\_\_\_\_

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

Applicant Printed Name: \_\_\_\_\_

In order to permit a check of your work and educational records should we made aware of any changes of name or assumed name that you have previously used?  Yes  No

If yes, list names and dates \_\_\_\_\_

**PERMISSION TO CONDUCT  
BACKGROUND / MVR / PERSONAL HISTORY CHECK**

The information supplied on this release form is true and correct, to the best of my knowledge. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied on this form, regarding my: Employment History, Education History, Credit History, Criminal History, Rental History, Medical and Professional Licensing, Motor Vehicle Records, Residence History, and References, will be utilized as part of the verification procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in the investigation.

I hereby authorize Rusty's Weigh Scales and Service Inc. to conduct a thorough background investigation of all the information given by me to the Company. I release from liability all persons, companies, and corporations supplying that information. Furthermore, I release and indemnify the Company any liability that might result from making such background checks.

Information being obtained will not be used in violation of any federal or state equal opportunity law or regulation. If any adverse action is to be taken based on a consumer report, a copy of the report and a summary of the consumer's rights will be provided to you.

A copy of this form is as valid as the original.

**Applicant Signature:** \_\_\_\_\_

Applicant First, Middle, Last Name, Suffix: (as listed on your driver's license)

\_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Applicant SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ Class: \_\_\_\_\_ DL State: \_\_\_\_\_

Address #1 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Address #2 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address (contact/background reports): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Company requesting the background report: **Rusty's Weigh Scales & Service, Inc.**

Date of Request: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Company Phone #: (806) 747-2912 Fax: (806) 741-1445

Company Representative: \_\_\_\_\_ Email address: \_\_\_\_\_