



HLAVINKA EQUIPMENT COMPANY

PRE-EMPLOYMENT APPLICATION

EAST BERNARD - MAIN OFFICE

PO BOX 1335
17405 HWY 90A
EAST BERNARD, TX 77437
PHONE: 979-335-7528
FAX: 979-335-4072

BAY CITY

PO BOX 830
601 AVE F
BAY CITY, TX 77404
PHONE: 979-245-4630
FAX: 979-323-8707

EL CAMPO

PO BOX 1565
3230 W BUS 59 S
EL CAMPO, TX 77437
PHONE: 979-543-3301
FAX: 979-543-5748

ROSENBERG

PO BOX 1726
3709 HWY 59 S
ROSENBERG, TX 77471
PHONE: 281-342-5527
FAX: 281-341-9658

NOME

PO DRAWER 207
2075 US HWY 90
NOME, TX 77629
PHONE: 409-253-2244
FAX: 409-253-2235

TAFT

PO BOX 566
418 KIRKPATRICK
TAFT, TX 78390
PHONE: 361-528-2554
FAX: 361-528-3374

VICTORIA

PO BOX 3807
VICTORIA, TX 77903-3807
7105 US HWY 59N
VICTORIA, TX 77709
PHONE: 361-541-6100
FAX: 361-576-9734

ANGLETON

PO BOX 2931
ANGLETON, TX 77516
16269 HWY 288B
ANGLETON, TX 77515
PHONE: 979-308-3870
FAX: 979-849-5401

Hlavinka Equipment Company is an Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

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| Personal Information | | | |
|--|-----------|--------------------|------------------|
| Job Applied For: | | Date: | |
| Circle One: | Full Time | Part-Time | Temporary |
| Last Name: | | First Name: | Middle Initial: |
| Address: | | City: | State: Zip Code: |
| Phone Number: | | Cell Phone Number: | |
| Are you 18 years of age or older? <i>(If hired, you may be required to submit proof.)</i> | | YES | NO |
| Social Security Number: | | | |
| Are you a citizen of the United States of America? | | YES | NO |
| If no, are you authorized to work in the U.S.? <i>(If hired, you may be required to submit proof.)</i> | | | |
| Have you ever applied at or been employed by Hlavinka Equipment Company before? YES NO | | | |
| If yes, when? | | | |
| What position did you hold? | | | |
| Do you currently have any relatives that work for Hlavinka Equipment Company, or any of our affiliated companies? | | | |
| If yes, who? | | | |
| Have you been convicted of any crimes in the past ten years? <i>(A yes does not automatically disqualify you from employment, the nature and date of the offence will be considered.)</i> | | | |
| If yes, give details. | | | |
| Do you have a valid driver's license? | | YES | NO |
| Driver's License #: | Class: | Expiration: | |
| Have you had your driver's license suspended or revoked in the last five years? | | YES | NO |
| If yes, give details. | | | |

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| Education | | | |
|---|------------------|--------------------------------|-------|
| High School, College, University and/or Technical Schools attended. | Subjects Studied | Diploma / Degree / Certificate | |
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| What skills, additional training, or agricultural background do you have that relate to the job for which you are applying? | | | |
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| What machines or equipment can you operate that relate to the job for which you are applying? | | | |
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| Please list any computer experience relevant to the job for which you are applying. | | | |
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| | | | |
| Please list professional licenses and/or certifications with ID#s (if applicable). | | | |
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| | | | |
| Language Skills (Mark Yes or No) | | | |
| | Speak | Read | Write |
| English | | | |
| Spanish | | | |
| Other | | | |
| | | | |

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Employment History

Please list employers, beginning with your most recent employment.
Attach an additional sheet if necessary.

| | | | |
|------------------|---------------------|-----------|---------|
| Employer: | Employment Dates | From: | To: |
| Address: | Compensation | Start \$: | End \$: |
| City State: | Job Title & Duties: | | |
| Supervisor: | Reason for Leaving: | | |
| Phone #: | | | |
| Employer: | Employment Dates | From: | To: |
| Address: | Compensation | Start \$: | End \$: |
| City State: | Job Title & Duties: | | |
| Supervisor: | Reason for Leaving: | | |
| Phone #: | | | |
| Employer: | Employment Dates | From: | To: |
| Address: | Compensation | Start \$: | End \$: |
| City State: | Job Title & Duties: | | |
| Supervisor: | Reason for Leaving: | | |
| Phone #: | | | |

If you are currently employed, may we contact your employer? YES NO

References

Please list three PROFESSIONAL references that are NOT relatives.

| | |
|---------------|----------|
| Name: | Phone #: |
| Address: | |
| Relationship: | |
| Name: | Phone #: |
| Address: | |
| Relationship: | |
| Name: | Phone #: |
| Address: | |
| Relationship: | |

Notes

Please state any additional information you feel may be helpful to us in considering your application.

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Signature Page

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I release Hlavinka Equipment Company from all liability for any damage that may result from utilization of such information.

I hereby understand and acknowledge that this application or subsequent employment does not create a contract of employment NOR guarantee employment for a definite period of time. If any offer of employment is made, I agree to complete confidentiality of said offer. If I am employed, I understand that all original and promotional appointments, including provisional appointments, shall be a probationary period of ninety (90) calendar days from the date of employment. No appointment or promotion is final until the appointee has satisfactorily served his/her probationary period.

I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date