



# M.I.C. Leasing APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY	
Rec: _____	Date: _____
HB: _____	PR: _____

**PRINT IN BLACK OR BLUE INK** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable enter "NA". **Do not leave questions blank.** Be sure to sign when completed. M.I.C. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, or disability in employment or the provision of services

With few exceptions, you have the right to request and to be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Section 552.021, 552.023 and 559.004).

Name \_\_\_\_\_ ( ) \_\_\_\_\_  
 (Last) (First) (Middle) (daytime phone #)

Mailing Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) (Zip)

E-mail address \_\_\_\_\_ ( ) \_\_\_\_\_  
 (Cell #)

List any other names used if different from name on this application.

List all positions or type of work applying for:

Do you have any relatives working for this company? If so, List names and relationship below:

Full Time  Part Time  Summer  Temp/Project  Date Available for work? \_\_\_\_\_

Are you at least 17 years of age? Yes  No  Are you willing to work hours other than 8-5? Yes  No

What days are you unable to work? \_\_\_\_\_

Are you willing to travel? Yes  No  If yes, what percent of the time? \_\_\_\_\_

Do you have a current driver's license? Yes  No  Commercial Driver's License? Yes  No

\_\_\_\_\_  
 (State) (Driver's License #)

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes  No

If your answer is "Yes", explain in concise detail on the back of this application, 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.

**EDUCATION**

High School Graduate or GED? Yes  No  If yes, name and location of high school or GED institution \_\_\_\_\_  
College \_\_\_\_\_ Vocational or Technical School \_\_\_\_\_

If a license, certificate, training 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 (state or Authority)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as backhoes, dozers, motorgraders, manlifts, or computers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak a language other than English? Yes  No  If yes, what language(s) do you speak? \_\_\_\_\_

How Fluently? Fair  Good  Excellent  Do you write in a language other than English? Yes  No   
If yes, which language(s) \_\_\_\_\_

**Former Foster Youth** (Verification may be required)

Were you a foster youth under the Texas Department of Family and Protective Services on the day before your 18<sup>th</sup> birthday?  
Yes  No  If yes, are you currently 25 years of age or younger? Yes  No

**Military Service** (A copy of a report of separation from the Armed Services may be required)

Are you a veteran? Yes  No  If yes, list type of discharge \_\_\_\_\_

Dates of Service (From /To): \_\_\_\_\_

Are you a surviving spouse of a veteran who has not remarried? Yes  No

Are you a surviving orphan of a veteran? Yes  No  If yes, complete dates of service for veteran \_\_\_\_\_

## EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience of experience should clearly describe your qualifications.

1. **Include ALL Employment: Begin with your current or last employer and back to the first.** Employment history should include each position held, even those with same employer.
2. **Employer addresses must be complete mailing address, including zip code.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any specific training, skills and qualifications for each position you have held.

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

Name: \_\_\_\_\_  
Last
First
Middle

<b>1. Position Title:</b> Employer Mailing Address City, State & Zip Employer's Phone No : (     )							Immediate Supervisor:  Title:  Supervisor Phone No (     )			Full -Time Part- Time Summer Temp/Project  Give average # of hours if worked part-time		
Starting Date			Ending Date			Current/Ending Salary		Technical Non-Managerial Supervisor/Managerial			If supervisor, number of employees you supervised:	
Mo	Day	Year	Mo	Day	Year							
Summary of Experience including special training/skills/qualifications you have used in the performance of this job.												
Specific reason for leaving:												
<b>2. Position Title:</b> Employer Mailing Address City, State & Zip Employer's Phone No : (     )							Immediate Supervisor:  Title:  Supervisor Phone No (     )			Full -Time Part- Time Summer Temp/Project  Give average # of hours if worked part-time		
Starting Date			Ending Date			Current/Ending Salary		Technical Non-Managerial Supervisor/Managerial			If supervisor, number of employees you supervised:	
Mo	Day	Year	Mo	Day	Year							
Summary of Experience including special training/skills/qualifications you have used in the performance of this job.												
Specific reason for leaving:												

<b>3. Position Title:</b> Employer Mailing Address City, State & Zip Employer's Phone No : (     )							<b>Immediate Supervisor:</b>  Title:  Supervisor Phone No (     )		Full -Time Part- Time Summer Temp/Project  Give average # of hours if worked part-time
Starting Date			Ending Date			Current/Ending Salary	Technical Non-Managerial Supervisor/Managerial	If supervisor, number of employees you supervised:	
Mo	Day	Year	Mo	Day	Year				

Summary of Experience including special training/skills/qualifications you have used in the performance of this job.

Specific reason for leaving:

<b>4. Position Title:</b> Employer Mailing Address City, State & Zip Employer's Phone No : (     )							<b>Immediate Supervisor:</b>  Title:  Supervisor Phone No (     )		Full -Time Part- Time Summer Temp/Project  Give average # of hours if worked part-time
Starting Date			Ending Date			Current/Ending Salary	Technical Non-Managerial Supervisor/Managerial	If supervisor, number of employees you supervised:	
Mo	Day	Year	Mo	Day	Year				

Summary of Experience including special training/skills/qualifications you have used in the performance of this job.

Specific reason for leaving:

<b>5. Position Title:</b> Employer Mailing Address City, State & Zip Employer's Phone No : (     )							<b>Immediate Supervisor:</b>  Title:  Supervisor Phone No (     )		Full -Time Part- Time Summer Temp/Project  Give average # of hours if worked part-time
Starting Date			Ending Date			Current/Ending Salary	Technical Non-Managerial Supervisor/Managerial	If supervisor, number of employees you supervised:	
Mo	Day	Year	Mo	Day	Year				

Summary of Experience including special training/skills/qualifications you have used in the performance of this job.

Specific reason for leaving:

## Current Certifications

Please check off the current certifications you hold and the date it expires.

Please list any other certifications that are not listed.

\_\_\_ Basic Orientation Expires\_\_\_\_\_

\_\_\_ MARSEC Expires\_\_\_\_\_

\_\_\_ H2S Expires\_\_\_\_\_

\_\_\_ Benzene Expires\_\_\_\_\_

\_\_\_ TWIC card Expires\_\_\_\_\_

\_\_\_ \_\_\_\_\_ Expires\_\_\_\_\_

\_\_\_ \_\_\_\_\_ Expires\_\_\_\_\_

\_\_\_ \_\_\_\_\_ Expires\_\_\_\_\_

## APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

<b>1.</b> Last Name (Type or Print)		First		Middle	
<b>2.</b> Address		City	State	Zip Code	<b>3.</b> Daytime Phone (   )
				<b>4.</b> Work Phone (   )	
<b>5.</b> Sex  <input type="radio"/> <b>M</b> - Male <input type="radio"/> <b>F</b> - Female	<b>6.</b> Birth date:	<b>7.</b> Ethnic Origin  <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"><input type="radio"/></div> <div style="text-align: center;"><input type="radio"/></div> <div style="text-align: center;"><input type="radio"/></div> <div style="text-align: center;"><input type="radio"/></div> <div style="text-align: center;"><input type="radio"/></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>H - Hispanic</span> <span>W - White</span> <span>B - Black</span> <span>P - Asian/ Pac. Islander</span> <span>I - American Indian/Alaskan</span> <span>O - Other</span> </div>			
<b>8.</b> Veteran  Yes <input type="radio"/> No <input type="radio"/>		<b>9.</b> Surviving Spouse of Veteran Who has not remarried  Yes <input type="radio"/> No <input type="radio"/>		<b>10.</b> Orphan of Veteran  Yes <input type="radio"/> No <input type="radio"/>	
				<b>11.</b> Former Texas Foster Youth 25yrs of age or younger  Yes <input type="radio"/> No <input type="radio"/>	

**12.** How did you first find out about this job? (circle one)

Word of Mouth

Newspaper \_\_\_\_\_  
(name of Newspaper)

Work In Texas.com

Job Fair

College Career Day

Other \_\_\_\_\_

Professional Publication

Human Resource / Personnel Office

Recruitment Poster

Radio

Television

Agency Web Site - Internet

**X** \_\_\_\_\_  
 (Signature) (Date)

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING 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 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, will be required to provide legal proof of authorization work in the U.S.
3. I understand that this company 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 statutes.
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.

THIS APPLICATION MUST BE SIGNED SIGN HERE:

X \_\_\_\_\_

# AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

I, \_\_\_\_\_ hereby authorize my prior employer, \_\_\_\_\_, to release any and all information in relation to my employment with them to **M.I.C. Leasing**. I further release and hold harmless both the above named employer and **M.I.C Leasing** from any and all liability that may potentially result from the release and/or use of such information.

I understand that any information released by my prior employer will be held in the strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone not so involved will have the right to see the information.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date



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

**\*\*PLEASE COMPLETE SECTION I, INCLUDING I-B**

**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: Myane Insulation & Construction Co., Inc.

Address: PO Box 915 Premont, Tx 78375

Phone #: 361-348-2818 Fax #: 361-348-3340 Email: kbreaux@myaneinsulation.com

Designated Employer Representative: Katrina Breaux

**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?                               |  |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | YES ___ NO ___<br>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*: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

## **EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING**

I hereby agree upon a request made under the drug/alcohol testing policy of M.I.C Leasing ("Company") to submit to a drug and/or alcohol test and to furnish a sample of my urine, breath and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under the 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 the Company and/or its company physician to send the specimen or specimens so 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 the Company and/or to any government entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any customers and/or representatives when needed for audit purposes or government entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, 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 decision and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, 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 kind of adverse job action that might arise as a result of the drug and/or alcohol test, even if a Company 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 the Company, its company physician, and any testing laboratory the Company might use 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 TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON- THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.**

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Applicant's signature

Date

---

Company Representative's signature

Date