

APPLICATION FOR EMPLOYMENT



- MUSTANG CAT - MACHINERY DIVISION
- MUSTANG CAT - POWER SYSTEMS DIVISION
- MUSTANG HYDRAULIC SERVICES
- MUSTANG RENTAL SERVICES

P.O. Box 1373, Houston, Texas 77251-1373 (713) 460-7232

DATE _____

Please check one of the following locations where you would consider working:

- Beaumont
- Channelview
- El Campo
- Houston
- Lufkin
- Tomball
- Bryan
- Conroe
- Freeport
- La Marque
- Nederland

PLEASE WRITE LEGIBLY AND GIVE COMPLETE ANSWERS TO ALL QUESTIONS.

P E R S O N A L D A T A	NAME _____ SOCIAL SECURITY NO. _____ <small>(LAST) (FIRST) (MIDDLE)</small>
	PRESENT ADDRESS: _____ <small>(STREET) (CITY) (STATE) (ZIP) (PHONE)</small>
	ARE YOU AT LEAST 18 YEARS OLD? _____ IF NOT, DO YOU HAVE A WORK PERMIT? _____
	CAN YOU PROVIDE PROOF OF LEGAL WORK STATUS? _____
	FOR WHAT POSITION(S) ARE YOU APPLYING? _____ EXPECTED RATE OF PAY _____
	FULL TIME _____ PART TIME _____ WHAT HOURS? _____ WHEN COULD YOU START? _____
	HAVE YOU PREVIOUSLY WORKED AT MUSTANG CAT? _____ WHEN? _____ LOCATION _____
	HAVE YOU PREVIOUSLY APPLIED AT MUSTANG CAT? _____ WHEN? _____ LOCATION _____
	HOW WERE YOU REFERRED TO MUSTANG CAT? _____
	LIST ANY RELATIVES AND/OR FRIENDS PRESENTLY WORKING FOR MUSTANG CAT:
NAME _____ RELATIONSHIP _____ POSITION _____	
NAME _____ RELATIONSHIP _____ POSITION _____	
DRIVERS LICENSE NO: _____ STATE _____	
TYPE: OPERATOR _____ COMMERCIAL _____ CHAUFFEUR _____ HAS YOUR LICENSE EVER BEEN SUSPENDED? _____	
PRIOR TO THE COMMENCEMENT OF EMPLOYMENT, MUSTANG CONDUCTS A COMPREHENSIVE CRIMINAL BACKGROUND CHECK. FAILURE TO DISCLOSE THE REQUESTED INFORMATION WILL RESULT IN THE REVOCATION OF ANY OFFER OF EMPLOYMENT.	
IN THE LAST SEVEN YEARS, HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A MISDEMEANOR OR FELONY CRIME? _____ IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION: DATE(S): _____	
CHARGE(S): _____	
RESULT OR OUTCOME OR SAID CHARGE/CONVICTION (I.E., PLEA, DISMISSAL, FINE, PROBATED SENTENCE, DEFERRED ADJUDICATION, PRISON TIME, ETC.)	
In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, marital status or the presence of a non-job related medical condition or disability.	

LIST ALL EDUCATIONAL, VOCATIONAL, BUSINESS SCHOOLS AND MILITARY OR OTHER TRAINING THAT MAY BE OF BENEFIT TO MUSTANG CAT IN ASSESSING YOUR QUALIFICATIONS FOR ANY AVAILABLE POSITIONS FOR WHICH YOU WISH TO BE CONSIDERED:

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SCHOOL/COURSE ATTENDED	MAJOR COURSE OF STUDY	DID YOU GRADUATE	LIST DEGREES IF ANY

LIST FOREIGN LANGUAGES YOU READ, SPEAK OR WRITE FLUENTLY _____

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IF APPLYING FOR OFFICE WORK, INDICATE TYPING SPEED _____ LIST SOFTWARE PROGRAMS YOU ARE PROFICIENT IN _____

IF APPLYING FOR SHOP WORK, DO YOU OWN TOOLS? _____
LIST EQUIPMENT YOU CAN OPERATE _____

DO YOU HAVE TECHNICAL EXPERIENCE IN THE FOLLOWING AREAS: (CHECK ALL THAT APPLY)

TYPE	#YRS of EXPERIENCE	LIST EQUIPMENT (MAKE/MODEL)
<input type="checkbox"/> DIESEL ENGINES	_____	_____
<input type="checkbox"/> HEAVY EQUIPMENT	_____	_____
<input type="checkbox"/> AUTOMOTIVE	_____	_____
<input type="checkbox"/> OTHER	_____	_____
<input type="checkbox"/> COMPETITORS	_____	_____
<input type="checkbox"/> MILITARY EQUIPMENT	_____	_____

LIST ANY ADDITIONAL SKILLS OR QUALIFICATIONS WHICH WOULD CONTRIBUTE TO JOB EFFECTIVENESS _____

NOTE: SHOW LAST OR PRESENT EMPLOYER FIRST. DATES SHOULD BE CONTINUOUS. IF UNEMPLOYED FOR ANY PERIOD, SHOW DATES OF UNEMPLOYMENT. PLEASE LIST SUPERVISOR FOR WHOM YOU WORKED. FAILURE TO COMPLETE EMPLOYMENT HISTORY AS REQUESTED COULD RESULT IN DENIAL OF EMPLOYMENT CONSIDERATION.

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NAME OF COMPANY		TYPE OF BUSINESS		ADDRESS AND PHONE NO.	
STARTING DATE		LEAVING DATE		STARTING PAY	FINAL PAY
MONTH	YEAR	MONTH	YEAR		
YOUR JOB TITLE				YOUR SUPERVISOR'S NAME AND TITLE	
DESCRIPTION OF YOUR WORK					

NAME OF COMPANY		TYPE OF BUSINESS		ADDRESS AND PHONE NO.	
STARTING DATE		LEAVING DATE		STARTING PAY	FINAL PAY
MONTH	YEAR	MONTH	YEAR		
YOUR JOB TITLE				YOUR SUPERVISOR'S NAME AND TITLE	
DESCRIPTION OF YOUR WORK					

NAME OF COMPANY		TYPE OF BUSINESS		ADDRESS AND PHONE NO.	
STARTING DATE		LEAVING DATE		STARTING PAY	FINAL PAY
MONTH	YEAR	MONTH	YEAR		
YOUR JOB TITLE				YOUR SUPERVISOR'S NAME AND TITLE	
DESCRIPTION OF YOUR WORK					

IF MORE THAN THREE PREVIOUS EMPLOYERS, LIST OTHERS HERE:

EMPLOYMENT DATES		COMPANY AND PHONE NO.	POSITION OR TYPE OF WORK	FINAL SALARY OR WAGE	REASON FOR LEAVING
FROM	TO				

HAVE YOU EVER BEEN DISCHARGED BY A PREVIOUS EMPLOYER? _____ IF YES PLEASE EXPLAIN _____

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I UNDERSTAND THAT MY EMPLOYMENT WITH MUSTANG CAT IS VOLUNTARY ON THE PARTS OF MUSTANG CAT AND MYSELF AND MAY BE ENDED BY EITHER PARTY AT WILL. I ALSO UNDERSTAND THAT NO MANAGER OR SUPERVISOR HAS THE AUTHORITY TO MAKE GUARANTEES AS TO CAREER ADVANCEMENT, PAY INCREASES OR CONTINUED EMPLOYMENT AND ONLY A WRITTEN STATEMENT SIGNED BY THE PRESIDENT OF MUSTANG CAT MAY ALTER MY AT-WILL EMPLOYMENT STATUS.

I HEREBY AUTHORIZE ANY PROPERLY DESIGNATED COMPANY OFFICIAL TO CONDUCT WHATEVER INVESTIGATION NECESSARY IN CONNECTION WITH THE DATA HEREIN. I HOLD FREE FROM LIABILITY ALL FORMER EMPLOYERS AND OTHER PERSONS WHO MAY IN RESPONSE TO INQUIRIES MADE BY MUSTANG CAT FURNISH TRUE INFORMATION PERTAINING TO MY EMPLOYMENT HISTORY AND FOR MUSTANG CAT THE USE OF SUCH DATA IN RECIPROCAL INQUIRIES FROM OTHER COMPANIES. I FURTHER AGREE THAT FALSIFICATION OF INFORMATION IN THIS QUESTIONNAIRE SHALL BE CONSTRUED TO BE FRAUD AGAINST THE COMPANY AND SHALL BE GROUNDS FOR DISMISSAL IF I SHALL BECOME AN EMPLOYEE OF THE COMPANY. I UNDERSTAND THAT I MUST PASS A DRUG SCREEN AND PHYSICAL PRIOR TO MY EMPLOYMENT WITH MUSTANG CAT.

_____ DATE _____ SIGNATURE _____

SUPERVISORS USE

DEPARTMENT _____ JOB TITLE _____

SUPERVISOR _____ G.L. ACCOUNT _____

START DATE _____ START TIME _____ PAY _____

APPROVING SIGNATURE _____ DATE _____

STOP

COMPLETE NEXT SECTION ONLY UPON EMPLOYMENT

TO BE FILLED OUT BY EMPLOYEE

FULL NAME _____ SOCIAL SECURITY NO. _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ HOME EMAIL _____

MARITAL STATUS: SINGLE MARRIED

NAME

DATE OF BIRTH

SPOUSE _____

CHILDREN _____

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:

(1) NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

(2) NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

VOLUNTARY EEO INFORMATION FORM

The Mustang Companies are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights and regulations. In order to comply with these laws, the Company asks employees to self-identify gender, race and ethnicity.

Submission of this information is voluntary and your decision not to provide it will not affect the consideration you are being given for employment or subject you to any adverse treatment. The information will be kept confidential and will not be made part of your employment application.

Gender:

Male
 Female

Date of Application:

Race/National Origin:

Are you Hispanic or Latino?

Yes
 No

If you checked "no" on the previous question, please identify your race.

White
 Black or African American
 Native Hawaiian or Pacific Islander
 Asian
 American Indian or Alaskan Native
 Two or more races

Position Applied For (Must specify from job postings):

 Printed Name

 Date

 Signature

EEO Race & National Origin Definitions:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino): All persons who identify with more than one of the above five races.