



The information given on this form is solely for the use of Floyds FMB Operations, LLC. and will be held in the strictest confidence. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not obligate the Company in any way. **EMAIL the completed form to [employment@floydsmontbelvieu.com](mailto:employment@floydsmontbelvieu.com) or 6314 Wade Rd Baytown TX 77521**

Last Name		First	Email Address		
Present Address– Street		City, State	Zip Code	Contact Telephone Number	
Alternate Address– Street		City, State	Zip Code	Alternate Telephone Number	
Referred by:		Date Available for Employment	Eligible to Work in United States?		
Position (s) Applied For:		Starting Salary Desired	Geographical Locations Preferred		
Are you willing to: Travel?		Work Overtime?	Yes	No	Transfer? Yes No
Yes	No				
Are you at least 18 years of age?		Have you previously worked for our company?			
Yes	No	Yes	No		

1. Present (or last) Company Name		Address	City, State	Phone #	
Dates: From – To		Starting Base Salary	Current Base Salary	May we contact?	
		\$	\$	Yes	No
Job Title		Supervisor	Reason for Leaving		
Brief description of duties (include number of persons supervised, if applicable)					
2. Previous Employer Company Name		Address	City, State	Phone #	
Dates: From – To		Starting Base Salary	Current Base Salary	May we contact?	
		\$	\$	Yes	No
Job Title		Supervisor	Reason for Leaving		
Brief description of duties (include number of persons supervised, if applicable)					
3. Previous Employer Company Name		Address	City, State	Phone #	
Dates: From – To		Starting Base Salary	Current Base Salary	May we contact?	
		\$	\$	Yes	No
Job Title		Supervisor	Reason for Leaving		
Brief description of duties (include number of persons supervised, if applicable)					

**Floyds FMB Operations, LLC, IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES BASED ON RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, OR DISABILITY.**



Schools Attended and Location	Dates Attended		Major	Type of Degree	Grade Average		Date of Graduation (Mo/Yr)
	From	To			Overall	Major	
High School				Diploma or GED Yes No			
College							
College							
College							
Special Awards or Recognitions							
Special Awards or Recognitions	* If no degree obtained, indicate number of college credit hours completed						

Active Duty Branch	Dates of Active Duty	Highest Rank Attained
Reserve Status	Reserve Branch	

<b>CRIMINAL</b>	Have you ever plead guilty or nolo contendere (no contest), received deferred adjudication, received probation, court ordered community supervision, pre-trial diversion, or been convicted of any criminal offense (felonies and misdemeanors) other than minor traffic citations? If Yes, please list the date, nature, locations, and disposition.	Yes	No

List office skills, trades, abilities or license certifications that may be beneficial in the job for which you are applying.			
Foreign Languages:			
<table border="0"> <tr> <td style="padding: 0 20px;">Speak</td> <td style="padding: 0 20px;">Degree of Proficiency: Read</td> <td style="padding: 0 20px;">Write</td> </tr> </table>	Speak	Degree of Proficiency: Read	Write
Speak	Degree of Proficiency: Read	Write	

Name and Association	Occupation	Address	Phone Number	Years Known
Name and Association	Occupation	Address	Phone Number	Years Known
Name and Association	Occupation	Address	Phone Number	Years Known

**APPLICANT'S STATEMENT** (Applicant must review and sign below.)

I affirm that I have read and fully completed both sides of this application and all information as written above is true and correct, and I acknowledge that I may be terminated at any time if any information I supply is false. I acknowledge that this application will remain active for no more than 45 days. If I wish to be considered for employment after this 45 day period, I will reapply. I understand that if I am employed by Floyds FMB Operations, LLC. my employment and compensation can be terminated, with or without cause and with or without prior notice.

*I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.*

I hereby grant Floyds FMB Operations, LLC. the right and privilege to withhold, retain or deduct an amount up to and including the total amount of indebtedness, advances, charges for personal purchase on Company accounts, or any other amounts owed to Floyds FMB Operations, LLC., or any of its affiliates, subsidiaries, or divisions, from any salary, wages, commissions, or any other debt owed to me by the Company.

I understand that I am required to abide by all rules and regulations of the Company. I acknowledge that these policies and procedures, and any benefits or other terms and conditions of my employment, may be changed, interpreted, withdrawn or added to by the Company at any time without prior notice to me.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_