

Referred by: \_\_\_\_\_  
(name of Matador Employee)



**Applicant Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Are you at least 18? ☐ Yes ☐ No  
Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date Available to Start: \_\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Desired Pay: \_\_\_\_\_  
Position Applied For: \_\_\_\_\_ Years' experience, if any? \_\_\_\_\_  
Are you authorized to work in the United States? ☐ Yes Citizen ☐ Yes Document# \_\_\_\_\_ ☐ No  
Proof of citizenship or immigration status will be required when completing the I-9 for employment.

**Education/Certifications/Licensing**

High School Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did You Graduate? ☐ Yes ☐ No If no, GED? ☐ Yes ☐ No  
College Name: \_\_\_\_\_ # Years Attended: \_\_\_\_ Degree: ☐ Yes ☐ No Major: \_\_\_\_\_  
Certifications: \_\_\_\_\_ State Licensed In: \_\_\_\_\_ License #: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ License/Certification. Current? ☐ Yes ☐ No Type: ☐ Apprentice  
☐ Journeyman ☐ Master Other? \_\_\_\_\_

**Previous Employment** List Complete Company Names, Phone #s, Addresses, City, State, & Zip Codes

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Pay/Salary \_\_\_\_\_ Ending Pay/Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason(s) for leaving \_\_\_\_\_  
May we contact your current employer if you are still working? ☐ Yes ☐ No

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Company Name: \_\_\_\_\_ Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Pay/Salary \_\_\_\_\_ Ending Pay/Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason(s) for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? ☐ Yes ☐ No

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Company Name: \_\_\_\_\_ Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Pay/Salary \_\_\_\_\_ Ending Pay/Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason(s) for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? ☐ Yes ☐ No

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**References** List three (3) professional references

Full Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Drivers' License Information**

Section 382.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one motor vehicle license." I certify that I do not have more than one motor vehicle license.

My driver's license information is: License# \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been denied a driver's license, a permit, or privilege to operate a vehicle? ☐ Yes ☐ No

If you answered Yes, give details: \_\_\_\_\_

Has any license, permit, or privilege ever been suspended? ☐ Yes ☐ No

If you answered Yes, give details: \_\_\_\_\_

**Traffic Convictions and Forfeitures**

Have you had any traffic violations in the last three (3) years? ☐ Yes ☐ No

If Yes, Violation: \_\_\_\_\_ Date: \_\_\_\_\_ Violation: \_\_\_\_\_ Date: \_\_\_\_\_ Violation: \_\_\_\_\_ Date: \_\_\_\_\_

**Criminal History Information**

Have you ever been convicted of a felony, or have you pleaded guilty or no contest to a felony offense in the last seven (7) years? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

**TO BE READ AND SIGNED BY THE APPLICANT**

I certify that I have fully and accurately answered all the questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for future consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Company and do hereby give my consent to the Company to investigate my background and qualifications using any means, sources and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing, job related physical/medical exam that the Company may require at any time. I understand that submission of my application does not necessarily mean that I will be hired, and that if I am hired, my employment will be AT-Will, and either I or the Company may terminate my employment at any time, with or without notice or reason. Finally, I will have the opportunity to contact a previous employer if I believe they have provided incorrect information about me to this Company

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date