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NAME _____

SS# _____

ADDRESS _____

DL# _____

HM PHONE _____

EMAIL _____

CELL _____

BIRTHDAY _____

DO YOU HAVE RELIABLE TRANSPORTATION _____

DID YOU COMPLETE HIGH SCHOOL YES NO IF NO GRADE COMPLETED _____

POST HIGH SCHOOL EDUCATION # OF YEARS _____

<u>NAME AND LOCATION OF INSTITUTION</u>	<u>MAJOR OR SPECIALTY</u>	<u>DEGREE RECEIVED</u>	<u>DATES</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER HAD A FELONY CONVICTION _____ DATE OF CONVICTION _____

CITY, COUNTY, STATE OF CONVICTION _____

DESCRIPTION OF OFFENSE _____

ANY MISDOMMEANOR DRUG CHARGES _____ DATE _____



EXPERIENCE

EMPLOYER _____

SUPERVISOR _____ CONTACT # _____

RATE OF PAY _____

FULL TIME OR PART TIME

DATE STARTED _____

DATE LEFT _____

REASON FOR LEAVING _____

JOB TITLE _____ DUTIES _____

EMPLOYER _____

SUPERVISOR _____ CONTACT # _____

RATE OF PAY _____

FULL TIME OR PART TIME

DATE STARTED _____

DATE LEFT _____

REASON FOR LEAVING _____

JOB TITLE _____ DUTIES _____



EMPLOYER _____

SUPERVISOR _____ CONTACT # _____

RATE OF PAY _____

FULL TIME OR PART TIME

DATE STARTED _____

DATE LEFT _____

REASON FOR LEAVING _____

JOB TITLE _____ DUTIES _____

TELL US WHY YOU WOULD BE AN ASSET TO OUR COMPANY? _____



EMPLOYEE QUESTIONNAIRE

DO YOU HAVE HISTORY OF:

HEART DISEASE _____ HIGH BLOOD PRESSURE _____
CANCER _____ BACK INHURIES _____
KNEE INJURIES _____ SEIZERS _____
LOSS OF LIMB OR EXTRIMATES _____ FAINTING _____
BLACK OUTS _____ DIZZINESS _____

CURRENT MEDICATIONS _____

THIS JOB REQUIRES LOTS OF HARD PHYSICAL LABOR DO YOU HAVE ANY MEDICAL PROBLEMS THAT WOULD INHIBIT YOUR ABILITY TO DO THIS JOB? _____

ANY PAST OR CURRENT HISTORY OF DRUG OR ALCOHOL ABUSE? _____ EXPLAIN _____

DO YOU HAVE PREVIOUS JOB INJURIES? _____ EXPLAIN _____

SIGNATURE _____ DATE _____

***PLEASE MAIL APPLICATION AND ANY RESUME TO



STRING UP MACHINE, INC -- PO BOX 1388 -- MADISONVILLE, TX 77864