

Warrior Supply, Inc.

P.O. Box 4989 Phone 361-573-3950
 Victoria, Texas 77903 Fax: 361-573-3990

Employment Application

Equal Opportunity Employer

Location Applying For: Victoria Pipeline Carrizo Springs Gonzales Edinburg Alice

Personal Information							
Last		First		MI	SSN#	Email	
Street Address		City		St	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Birth	
Have you been convicted of a felony or misdemeanor or been incarcerated in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain:			
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What position are you applying for?				How did you hear about this position?			
Expected Hourly Rate		Expected Weekly Earnings		Date Available			
Do you have a valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had any moving violations in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list all moving violations and dates:			

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
Phone						
Name of Immediate Supervisor						
Position/Job Title						
Dates of Employment	From	To	From	To	From	To
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				
List any applicable special skills, training or proficiencies.				

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
Telephone			
Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.			
	Signature	Date	