

**PENCCO, INC.**  
*Pioneer Engineering Chemical Company*

**GENERAL APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, or national origin. We are an At Will employer. You must maintain a valid driver's license and be insurable for motor vehicle insurance. We are a drug-free workplace.

**PERSONAL INFORMATION**

	Date	
		Social Security Number
<b>Name</b>		
Last	First	Middle
<b>Present Address</b>		
Street	City	State Zip
<b>Permanent Address</b>		
Street	City	State Zip
<b>Phone No.</b>		
	Home	Cell
<b>Referred By</b>	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT DESIRED**

<b>Position</b>	<b>Date you can start</b>	<b>Salary Desired</b>
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Where?</b>	<b>When?</b>	

**EDUCATION**

Name and location of school	Circle last year completed	Did you Graduate?	Subjects Studied and Degree(s) Received
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AS PART OF THE REQUIREMENTS FOR EMPLOYMENT WITH PENCCO, INC. YOU MUST HAVE AND MAINTAIN A VALID DRIVER'S LICENSE AND BE INSURABLE. THIS IS AUTHORIZATION FOR PENCCO, INC. TO CHECK YOUR DRIVING RECORD.**

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**GENERAL**

Subjects of Special Study or Research Work

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Job Related Skills (typing, driver's license, etc.)

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**FORMER EMPLOYERS**      List below your last four employers, starting with the last one first.

Date, Month and Year	Name, City and Phone # of Employer	Salary (upon leaving)	Position	Reason for Leaving
From To				
From To				
From To				
From To				

**REFERENCES**      List below three persons, not related to you, whom you have known at least one year.

Name	Phone number	Position	Years Acquainted

**AUTHORIZATION**

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice. Further, I understand that I am subject to pre employment/employment drug tests.

Date

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Signature

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In Case of Emergency Notify

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Name

PENCCO, INC.  
*Pioneer Engineering Chemical Company*

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Address

Phone No.

**PENCCO, INC.**  
***Pioneer Engineering Chemical Company***  
**MOTOR VEHICLE RECORDS (De Registros do Automovil)**

**RELEASE OF MOTOR VEHICLE RECORDS (la Liberacion de Registros de automovil)**

By my signature below, I acknowledge that I have been informed, by the management of Pencco, Inc., that they will obtain copies of my Motor Vehicle Records from any state wherein I am or have been a licensed driver at any time.  
*Con mi firma abajo, acepto que he sido informado por los directores de Pencco, Inc., que ellos obtendran copias de mis archivos de vehiculos de motor de cualquier estado en el cual aign tenido o lenga lisencia de manejo en cualquier tiempo.*

I further acknowledge that I have been informed that these records will be used to determine my eligibility for employment, either to be hired or to continue employment, by Pencco, Inc.  
*Aun mas acepto que he sido informado que estos records seran usados para determinar mi elijivilidad para ser empleado, ya sea para ser ocupado o continuar trabajundo para Pencco, Inc.*

Any information contained in this Motor Vehicle Record may be revealed to any person or persons that may have good cause to need this information.  
*Cualquier informacion contenida en este record do vehiculo do motor, podra ser rebelada a cualquier persona o personas que tegan causa a beena razon para recibir esta informacion.*

Management of Pencco Inc. will have sole authority without recourse to determine the acceptability of any information contained in my Motor Vehicle Record.  
*Los Direstores de Pencco, Inc. tendran complela autoridad y sin ningun recurso a determinar informacion acceptable conteniudu en mi archivo de vehiculo de motor.*

I have been given an opportunity to ask questions, and have received clarification and fully understand the implication of this authorization.  
*Se me ha dado la oportunidad de acer preguntas y he recibido clarification y entiendo completamente las implicacionis de esin autorizacion.*

Pencco, Inc. has no liability for any action taken due to information contained on said Motor Vehicle Record should such information be in error.  
*Pencco, Inc. no es responsable por ninguna accion lomada en base a la informacion contenida en mi archivo de vehiculo de motor, si alguna de esa informacion esta en error.*

Completion of the form does not constitute automatic coverage; please review your policy coverage and conditions relating to covered drivers.

\_\_\_\_\_  
Date:(Fecha)

\_\_\_\_\_  
Social Security Number (Numero de seguro social)

\_\_\_\_\_  
Date of Birth: (Fecha de nacimiento)

\_\_\_\_\_  
Texas Drivers License No: (Numero de la licencia)

\_\_\_\_\_  
Employee Signature (Firma del Empleado)

\_\_\_\_\_  
Print Name (Nombre en letra de molde)

\_\_\_\_\_  
Signature of Employer's Representative  
(Firma del representante del empleador)

\_\_\_\_\_  
Print Name (Nombre en letra de molde)

**PENCCO, INC.**  
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By my signature below, I hereby authorize PENCCO, Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that PENCCO, Inc. will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date