

APPLICATION FOR EMPLOYMENT



We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status,

(PLEASE PRINT)

| | |
|-----------------------------|---------------------|
| Position(s) Applied For | Date of Application |
| How Did you Learn About Us? | |
| Advertisement | Relative Inquiry |
| Employment Agency | Friend Other _____ |

| | | |
|---------------------|------------------------------------|-------------|
| Last Name | First Name | Middle Name |
| Address | Number | Street |
| | City | State |
| | Zip Code | |
| Telephone Number(s) | Social Security Number (Voluntary) | |

Best time to contact you at home is:

| | | |
|--|------------|----------|
| Are you over the age of 18? | Yes | No |
| Have you ever filed an application with us before? If yes, give a date | Yes | No |
| Have you ever been employed with us before? If Yes, give date | Yes | No |
| Do you have any friends or relatives that work here? | Yes | No |
| Are you related to any of our Board Members | Yes | No |
| Are you currently employed? If yes, Can we contact your current employer? | Yes Yes | No No |
| Have you ever been convicted of any law violations and/or felony? If yes, explain | Yes | No |
| Do you have legal right to accept employment in the U.S.? If so can you furnish proof of eligibility? | Yes Yes | No No |
| Do you have a valid Texas Driver License? | Yes | No |
| Have you had your Driver's License suspended or revoked in the last 3 years? | Yes | No |

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | |
|---------------------|------------|---------------------|-------|----------------|
| Employer | | Dates Employed | | Work Performed |
| Address | | From | To | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Hourly Rate/ Salary | | |
| Reason for Leaving | | Starting | Final | |
| Employer | | Dates Employed | | Work Performed |
| Address | | From | To | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Hourly Rate/ Salary | | |
| Reason for Leaving | | Starting | Final | |
| Employer | | Dates Employed | | Work Performed |
| Address | | From | To | |
| Telephone Number(s) | | | | |
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| Employer | | Dates Employed | | Work Performed |
| Address | | From | To | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Hourly Rate/ Salary | | |
| Reason for Leaving | | Starting | Final | |

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

| ___ Terminal | ___ Spreadsheet | Production/Mobile Machinery (list) | Other (list) |
|----------------|---------------------|---------------------------------------|--------------|
| ___ PC/MAC | ___ Word Processing | _____ | _____ |
| ___ Typewriter | ___ Shorthand | _____ | _____ |
| WPM _____ | WPM _____ | _____ | _____ |

State any additional information you feel may be helpful to us in considering your application

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accomodation?

___ YES

___ NO

REFERENCES

1 _____
(Name) Phone #

(Address)

2 _____
(Name) Phone #

(Address)

3 _____
(Name) Phone #

(Address)

APPLICANT'S STATEMENT

I certify that answers given herin are true and complete.

I authorize investigation of all statements contained in this application for employment as maybe necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____
NAME AND TITLE DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____