

# EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status pursuant to the **Texas Employment Discrimination Law** and other relevant federal, state, and local laws.

Position(s) Applied For		Date of Application
How Did You learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

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

If you are under 18 years of age, can you provide required Proof of your eligibility to work?

YES  NO

Have you ever filed an application with us before?

YES  NO

If yes, give date \_\_\_\_\_

Have you ever been employed with us before?

YES NO

If yes, give date \_\_\_\_\_

Are you currently employed?

YES NO

May we contact your present employer?

YES NO

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?

YES NO

*Proof of citizenship or Immigration status will be required upon employment.*

On what date would you be able to work

Are you available to work: Full Time    Part Time    Shift Work    Temporary

Are you currently on "lay-off" status and subject to recall?

YES NO

Have you been convicted of a felony within the last 7 years?

YES NO

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain

## REFERENCES

Name	phone#
1. ( )	
Address	
Name	phone#
2. ( )	
Address	
Name	phone#
3. ( )	
Address	

# Employment Experience

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

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

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

<p><b>List professional, trade, business, or civic activities and offices held.</b>  <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:</i></p>

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign language you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the United States Military

## ADDITIONAL INFORMATION

<b>Other Qualifications</b>
Summarize special job-related skills and qualification acquired from employment or other experience

## SPECIALIZED SKILLS

## Check Skills/Equipment Operated

SPECIALIZED SKILLS		Production / Mobile Machinery	Other (List)
<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	_____ (List) _____	_____
<input type="checkbox"/> PC	<input type="checkbox"/> MS Windows	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> MS Office	_____	_____
<input type="checkbox"/> Typewriter		_____	_____

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


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

Are you capable of performing in a reasonable manner; with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. \_\_\_ **YES** \_\_\_ **NO**

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at the employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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.

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 regulation of the employer.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

### FOR PERSONNEL USE ONLY

Position(s) Applied For Is Open:  Yes  No    Position(s) Considered For: \_\_\_\_\_

Arrange Interview                       Yes  No    Date Interviewed \_\_\_\_\_ Interviewer \_\_\_\_\_

Employed  Yes  No Date \_\_\_\_\_ Job Title/Dept/Rate \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_