

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	
Email			Salary Requirement	

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 YES NO
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 1.	Address	phone# ()
Name 2.	Address	phone# ()
Name 3.	Address	phone# ()

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.

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

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:

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

Other Qualifications

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

SPECIALIZED SKILLS**Check Skills/Equipment Operated**

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

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 _____

