



## Job Application

### Personal Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Texas DL # \_\_\_\_\_ or Texas I.D. # \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you ever applied to /work for Company before? ( ) Y or ( ) N, If yes, please explain (Include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Company? ( ) Y ( ) N If yes, state name & Relationship: \_\_\_\_\_

\_\_\_\_\_. If hired, would you have transportation to / from work? ( ) Y

Or ( ) N.

are you over the age of 18, do you have an employment/age certificate? ( ) Y or ( ) N.

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? ( ) Y or ( ) N.

Have you been convicted of or pleaded no contest to a felony within the last five years? ( ) Y or ( ) N.

If yes, please describe the crime- state nature of the crime(s), when and where convicted and disposition of the case.

\_\_\_\_\_

\_\_\_\_\_

If hired, are you willing to submit to and pass a controlled substance test? ( ) Y or ( ) N

**Position and Availability**

Position Applied for: \_\_\_\_\_ Salary desired: \$ \_\_\_\_\_

Are you applying for: Temporary work ( ), Regular part-time work ( ), Regular full-time work ( ).

Hours available? \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Can you work evenings? ( ) Y or ( ) N. can you work weekends? ( ) Y or ( ) N. are you available to work overtime? ( ) Y or ( ) N. Are you able to perform the essential functions of the job for which you are applying, either with/ without reasonable accommodation? ( ) Y or ( ) N. If no, please describe the functions that cannot be performed \_\_\_\_\_

**Education**

High school: \_\_\_\_\_ Address: \_\_\_\_\_ city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? ( ) Y or ( ) N. Degree/diploma earned: \_\_\_\_\_

College/University: \_\_\_\_\_ Address: \_\_\_\_\_ city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? ( ) Y or ( ) N. Degree/diploma earned: \_\_\_\_\_

Vocational School: \_\_\_\_\_ Address: \_\_\_\_\_ city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? ( ) Y or ( ) N. Degree/diploma earned: \_\_\_\_\_

**Military:** \_\_\_\_\_ Rank in Military: \_\_\_\_\_ Total years of service: \_\_\_\_\_

Skills/duties: \_\_\_\_\_

Related details: \_\_\_\_\_

Skills and qualifications: Licenses, Skills, Training, Awards: \_\_\_\_\_

Do you speak, write or understand any foreign languages? ( ) Y or ( ) N. If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be. \_\_\_\_\_

**Employment History**

Are you currently employed? ( ) Y or ( ) N. If yes, may we contact your current employer? ( ) Y or ( ) N

Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Business Type: \_\_\_\_\_

May we contact this employer for references? ( ) Y or ( ) N

Length of employment: \_\_\_\_\_ Salary \$ \_\_\_\_\_ Position & Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Business Type: \_\_\_\_\_

May we contact this employer for references? ( ) Y or ( ) N

Length of employment: \_\_\_\_\_ Salary \$ \_\_\_\_\_ Position & Duties \_\_\_\_\_

Reason for leaving:

Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Business Type: \_\_\_\_\_

May we contact this employer for references? ( ) Y or ( ) N

Length of employment: \_\_\_\_\_ Salary \$ \_\_\_\_\_ Position & Duties \_\_\_\_\_

Reason for leaving:

Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Business Type: \_\_\_\_\_

May we contact this employer for references? ( ) Y or ( ) N

Length of employment: \_\_\_\_\_ Salary \$ \_\_\_\_\_ Position & Duties \_\_\_\_\_

Reason for leaving:

## References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_