

# EMPLOYMENT APPLICATION



P.O. Box 32  
Rockdale, Texas 76567

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST M.I.

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

**APPLICANT NOTE** THIS APPLICATION FORM IS INTENDED FOR USE IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. THIS IS NOT AN EMPLOYMENT CONTRACT. PLEASE ANSWER ALL APPROPRIATE QUESTIONS COMPLETELY AND ACCURATELY. FALSE OR MISLEADING STATEMENTS DURING THE INTERVIEW AND ON THIS FORM ARE GROUNDS FOR TERMINATING THE APPLICATION PROCESS OR, IF DISCOVERED AFTER EMPLOYMENT, TERMINATING EMPLOYMENT. ALL QUALIFIED APPLICANTS CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF SEX, MARITAL STATUS, RACE, AGE, CREED, NATIONAL ORIGIN OR THE PRESENCE OF DISABILITIES. A FELONY CONVICTION WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT. ADDITIONAL TESTING OF JOB RELATED SKILLS AND FOR THE PRESENCE OF DRUGS IN YOUR BODY MAY BE REQUIRED PRIOR TO EMPLOYMENT. AFTER AN OFFER OF EMPLOYMENT, AND PRIOR TO REPORTING TO WORK, YOU ARE REQUIRED TO SUBMIT TO A MEDICAL REVIEW. DEPENDING ON COMPANY POICY AND THE NEEDS OF THE JOB, YOU MAY BE REQUIRED TO COMPLETE A MEDICAL HISTORY FORM AND MAY BE REQUIRED TO BE EXAMINED BY A MEDICAL PROFESSIONAL DESIGNATED BY THE COMPANY.

**AVAILABILITY** FOR WHICH POSITION ARE YOU APPLYING? \_\_\_\_\_

WHAT DATE CAN YOU START? \_\_\_\_\_ WHAT CATEGORY WOULD YOU PREFER?  FULL-TIME  PART-TIME  TEMPORARY

WHICH SCHEDULES ARE YOU AVAILABLE? WEEKDAYS  WEEKENDS  EVENINGS  NIGHTS  OVERTIME  SHIFT WORK  (CIRCLE THAT APPLY)

**EDUCATION** PLEASE CIRCLE HIGHEST GRADE COMPLETED.  9  10  11  12  13  14  15  16  16+

	NAME	CITY & STATE	GRADUATE?
HIGH SCHOOL			
COLLEGE			
OTHER			

**SECURITY** LIST STATES AND COUNTIES OF RESIDENCE FOR THE PAST SEVEN YEARS \_\_\_\_\_

(CIRCLE ONE)  YES  NO HAVE YOU USED ANY OTHER NAMES BESIDES THOSE LISTED ON THIS PAGE? IF SO, PLEASE LIST \_\_\_\_\_

(CIRCLE ONE)  YES  NO HAVE YOU BEEN CONVICTED OF A FELONY AND/ OR SERVED TIME IN THE PAST SEVEN YEARS? IF SO, PLEASE DESCRIBE BELOW. (IN ACCORDANCE WITH COMPANY POLICY THIS INFORMATION WILL BE REVIEWED FOR JOB RELATEDNESS AND TIME SINCE LAST CONVICTION)

INCIDENT	CITY/STATE	CHARGE
1)		
2)		

**JOB RELATED SKILLS** LANGUAGES IN WHICH YOU ARE FLUENT? \_\_\_\_\_

(CIRCLE ONE)  YES  NO IF THE JOB REQUIRES, DO YOU HAVE A VALID DRIVERS LICENSE?

DL# \_\_\_\_\_ TYPE \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

(CIRCLE ONE)  YES  NO HAVE YOU HAD ANY MOVING VIOLATIONS? PLEASE DESCRIBE \_\_\_\_\_

PLEASE LIST ANY OTHER SKILLS, LICENSES OR CERTIFICATES THAT MAY BE JOB-RELATED OR THAT YOU FEEL WOULD BE OF VALUE TO THIS JOB?

# EMPLOYMENT APPLICATION

## EMPLOYMENT REFERENCES

YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS EVERY QUESTION IN THIS SECTION IS ANSWERED. WE WILL MAKE EVERY EFFORT TO CONTACT PREVIOUS EMPLOYERS. IT IS CRITICAL THAT THE TELEPHONE NUMBERS ARE CORRECT FOR PAST EMPLOYERS.

<b>MOST RECENT EMPLOYER (CIRCLE ONE)</b>	<b>YES</b>	<b>NO</b>	<b>ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER?</b>
(CIRCLE ONE)	<b>YES</b>	<b>NO</b>	<b>IF YES, MAY WE CONTACT YOUR EMPLOYER?</b>

COMPANY NAME _____	CITY _____	STATE _____
TO _____ FROM _____		
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____
		PHONE # _____
DUTIES _____		
SALARY _____ PER _____	REASON FOR LEAVING _____	
(HOUR, WEEK, MONTH)		

<b>SECOND MOST RECENT EMPLOYER</b>	
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COMPANY NAME _____	CITY _____	STATE _____
TO _____ FROM _____		
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____
		PHONE # _____
DUTIES _____		
SALARY _____ PER _____	REASON FOR LEAVING _____	
(HOUR, WEEK, MONTH)		

<b>THIRD MOST RECENT EMPLOYER</b>	
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COMPANY NAME _____	CITY _____	STATE _____
TO _____ FROM _____		
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____
		PHONE # _____
DUTIES _____		
SALARY _____ PER _____	REASON FOR LEAVING _____	
(HOUR, WEEK, MONTH)		

## REFERENCES

INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY. DO NOT INCLUDE RELATIVES.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATION
1)		
2)		

## COMMENTS

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## CERTIFICATION & RELEASE

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICANT NOTE ON PAGE ONE OF THIS FORM AND THAT THE ANSWERS GIVEN BY ME ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE INFORMATION IN THIS APPLICATION MAY RESULT IN REJECTION OF THIS APPLICATION OR DISCHARGE AT ANY TIME OF MY EMPLOYMENT. I AUTHORIZE THIS COMPANY TO VERIFY ANY OF THIS INFORMATION CONCERNING MY BACKGROUND AND HEREBY RELEASE ANY SAID PERSONS, SCHOOLS, COMPANIES AND LAW ENFORCEMENT FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR USING THIS INFORMATION. I ALSO UNDERSTAND THAT USING ILLEGAL DRUGS IS PROHIBITED DURING EMPLOYMENT. IF COMPANY POLICY REQUIRES, I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT.

<b>SIGNATURE:</b>		<b>DATE:</b>	
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