

# EMPLOYMENT APPLICATION

## APPLICANT INSTRUCTIONS

If you need help to fill out this application form, or for any phase of the employment process, please tell the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. Complete both sides of this form.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Do not fill out any other forms until a job offer has been made.

## 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 applicant process or, if discovered after employment, terminating employment. All qualified applicants will receive 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 policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

## AVAILABILITY

What job are you seeking? \_\_\_\_\_

When are you available to work? \_\_\_\_\_ When can you start? \_\_\_\_\_

## EDUCATION

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+  
Are you still attending school, even if out temporarily?  Yes  No

SCHOOL NAME

CITY/STATE

HIGH SCHOOL

COLLEGE

OTHER

## SECURITY

List states and countries of residence for the past seven years. \_\_\_\_\_

- Yes  No Have you used any names or Social Security Numbers other than those on this page? If so, please list, under comments, on back.  
 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

NOTE: Do not fill out any part of this section if you believe to be non-job related.

Yes  No I am Texas Alcoholic Beverage Commission (TABC) certified.

Yes  No I have a current Food Handler's Card.

List any languages in which you are fluent. \_\_\_\_\_

Yes  No If the job requires, do you have the appropriate valid drivers license?

DL# \_\_\_\_\_ T ype \_\_\_\_\_ St ate of License \_\_\_\_\_

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 will be of value to this job or company: \_\_\_\_\_

(OVER)

**EMPLOYMENT REFERENCES**

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the current telephone numbers of past employers are critical.

**MOST RECENT EMPLOYER**

Yes  No Are you currently working for this employer?  
 Yes  No If yes, may we contact?

Company name \_\_\_\_\_ C ity \_\_\_\_\_ St ate \_\_\_\_\_ ( \_\_\_\_\_ )  
Phone Number \_\_\_\_\_

Dates Employed

To \_\_\_\_\_ From \_\_\_\_\_ Job Title \_\_\_\_\_ Su pervisor Name \_\_\_\_\_

Duties \_\_\_\_\_

Salary \_\_\_\_\_ Pe r \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
(hour,week,month)

**SECOND MOST RECENT EMPLOYER**

Company name \_\_\_\_\_ C ity \_\_\_\_\_ St ate \_\_\_\_\_ ( \_\_\_\_\_ )

Dates Employed \_\_\_\_\_ Phone Number \_\_\_\_\_

To \_\_\_\_\_ From \_\_\_\_\_ Job Title \_\_\_\_\_ Su pervisor Name \_\_\_\_\_

Duties \_\_\_\_\_

Salary \_\_\_\_\_ Pe r \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
(hour,week,month)

**REFERENCES** Include only individuals familiar with your work ability. Do not include relatives.

<u>NAME</u>	<u>ADDRESS/PHONE</u>	<u>YEARS KNOWN/RELATIONSHIP</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**COMMENTS**

(ASK FOR ADDITIONAL PAGE FOR COMMENTS - IF NECESSARY)

**When a job opening occurs** an attempt to contact you will be made using the name, telephone numbers and address that you have supplied on this form. You will be invited to come to us and discuss a job offer. At this interview the job description and requirements will be explained to you. Please be prepared to discuss any reasonable accommodations that may be required because of disabilities. Also, please bring your Social Security Card and photographic identification, such as drivers license, DPS ID card or military ID card.

**CERTIFICATION AND 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 to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company, and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damages whatsoever for issuing this information. I also understand that the use of 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.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_

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

HOME ADDRESS: \_\_\_\_\_  
  STREET

\_\_\_\_\_ CITY                    STATE                    ZIP