



417 S. 8th St  
La Porte, TX 77571  
Office (281)-923-  
6664

## EMPLOYMENT / JOB APPLICATION

### PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_  
City State Zip Code

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

(SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

DESIRED PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

### EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO\*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES\* ☐ NO \*IF YES, WRITE THE START AND END DATES: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES\* ☐ NO \*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## EDUCATION

HIGH SCHOOL: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE? ☐ YES ☐ NO DIPLOMA: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE? ☐ YES ☐ NO DEGREE: \_\_\_\_\_

OTHER: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

EMPLOYER 1: \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite  
City State Zip Code

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER 2: \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

### REFERENCES (PROFESSIONAL ONLY)

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

BRANCH: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

### Certification

Applicant understands that S2N is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I authorize S2N Services LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance, and grade. I authorize those people designated as references to communicate information fully and freely regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of S2N Services LLC, except in a specific written contract of employment signed on behalf of the organization by its Director of Operations or Managing Members.

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

### STAFF USE ONLY

Pay Rate:	Position:
Department:	Job Site:
Report to:	Start Date: