

Phone (903) 463-2205
Fax (903) 463-2214

Date: _____

Application for Employment

We are an equal opportunity employment company. We are dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, gender, religion, national origin, or physical handicap.

PERSONAL:

Full Legal Name: (Last) _____ (First) _____ (Middle) _____
Address: (Street) _____ (City) _____ (State) _____ (Zip) _____
Home Phone: _____ Birth Date: _____

Valid Drivers License #: _____

Social Security #: _____

Have you ever been convicted of a crime? No Yes If Yes Explain: _____

Do you speak a foreign language? No Yes If Yes - Name Them: _____

We reserve the right to drug test before and during employment. _____ (Initial)

EDUCATION:

A. Circle highest grade completed: #8 #9 #10 #11 #12 Year completed (Graduated) _____

B. If you did not complete high school, do have a high school equivalency diploma? Yes _____ No _____

C. Circle number of years of post high school education #1 #2 #3 #4 #5 #6

Name & Location of Institution _____

Degree / Major / Specialty: _____

D. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

EXPERIENCE: Starting with the most recent, describe your knowledge, skills and abilities which best demonstrate your qualifications for this position. May we contact your present employer? _____ Yes _____ No

a. Employer: _____

Job Title: _____ Type of Business: _____

Address: _____ Phone: _____

Dates (Mo/Yr) _____ TO: (Mo/Yr) _____ Hours Worked / Week: _____

Salary (Start) \$ _____ (Finish) \$ _____

Duties: _____

Reason for

Leaving: _____

b. Employer: _____

Job Title: _____ Type of Business: _____

Address: _____ Phone: _____

Dates (Mo/Yr) _____ TO: (Mo/Yr) _____ Hours Worked / Week: _____

Salary (Start) \$ _____ (Finish) \$ _____

Duties: _____

Reason for Leaving: _____

C. Employer: _____
 Job Title: _____ Type of Business: _____
 Address: _____ Phone: _____
 Dates (Mo/Yr) _____ TO: (Mo/Yr) _____ Hours Worked / Week: _____
 Salary (Start) \$ _____ (Finish) \$ _____
 Duties: _____

Reason for Leaving: _____

REFERENCES:

List Names, Address, and Relationships of three (3) persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
#1.) _____	_____	_____	_____
#2.) _____	_____	_____	_____
#3.) _____	_____	_____	_____

MISCELLANEOUS:

#1.) What did you accomplish at your last place of employment that you are most proud of?

#2.) What would your last employer say about you? _____

#3.) What do you have to offer to our company if employed? _____

#4.) Where do you see yourself 6 months from now? _____

#5.) Check which job status you'd accept: Full-time Part-Time

#6.) Are you available to work: Saturday Sunday (1-5)

#7.) For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No Under the Immigration Reform and Control Act, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

#8.) When would you be available to start work? _____

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of employment. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application.

Date: _____ Applicant Signature: _____