

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legal protected status.

(Please Print)

Position(s) Applied For:	Date of Application:
How Did you Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM/PM

If you are under 18 years of age, can you provide required proof of you eligibility to work? ..... ☐ Yes ☐ No

Have you ever filed an application with us before: ..... ☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ..... ☐ Yes ☐ No

Are you currently employed? ..... ☐ Yes ☐ No

May we contact your current employer? ..... ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment.* ..... ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

What shift are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)  
☐ Part-Time (please indicate Mornings Afternoon Evenings)  
☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ..... ☐ Yes ☐ No

Can you travel if your job requires it? ..... ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address Of School	Course of Study	Number of Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States Military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1</b> Employer	Start Date: ____/____/____	Worked Performed
Address:	End Date: ____/____/____	
Phone Number:	Starting Salary: \$ _____/HR	
Job Title:	Ending Salary: \$ _____/HR	
Reason for Leaving:	Supervisor:	
<b>2</b> Employer	Start Date: ____/____/____	Worked Performed
Address:	End Date: ____/____/____	
Phone Number:	Starting Salary: \$ _____/HR	
Job Title:	Ending Salary: \$ _____/HR	
Reason for Leaving:	Supervisor:	
<b>3</b> Employer	Start Date: ____/____/____	Worked Performed
Address:	End Date: ____/____/____	
Phone Number:	Starting Salary: \$ _____/HR	
Job Title:	Ending Salary: \$ _____/HR	
Reason for Leaving:	Supervisor:	
<b>4</b> Employer	Start Date: ____/____/____	Worked Performed
Address:	End Date: ____/____/____	
Phone Number:	Starting Salary: \$ _____/HR	
Job Title:	Ending Salary: \$ _____/HR	
Reason for Leaving:	Supervisor:	

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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# ADDITIONAL INFORMATION

## **Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## **Specialized Skills (Check Skills/Equipment Operated)**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

## **References**

1.	Name: _____	Phone Number: (____) _____
	Address: _____	
2.	Name: _____	Phone Number: (____) _____
	Address: _____	
3.	Name: _____	Phone Number: (____) _____
	Address: _____	

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, this includes but not limited to a criminal history background check.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview:    ☐ Yes        ☐ No

Remarks \_\_\_\_\_  
\_\_\_\_\_

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

Employed:    ☐ Yes        ☐ No        Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_  
(Name and Title) (Date)

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:    (    ) Yes        (    ) No

Position(s) Considered For: \_\_\_\_\_  
\_\_\_\_\_

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

## DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/Crime%20Records/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

✓ Signature of Applicant or Employee (optional)

✓ Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

**Please:  
Check and Initial each Applicable Space**

CCH Report Printed:

YES \_\_\_\_\_ NO \_\_\_\_\_ initial

Purpose of CCH: \_\_\_\_\_

Empl \_\_\_ Vol/Contractor \_\_\_ initial

Date Printed: \_\_\_\_\_ initial

Destroyed Date: \_\_\_\_\_ initial

**Retain in your files**