



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) Applied For: _____

Date of Application: _____

PERSONAL DATA:

Social Security Number

Last Name First Name Middle Name/Initial

Address City State Zip Code

Phone Number Email

When would you be available to start work? _____

Check each type of work you will accept:

Regular Temporary Full Time Part Time

Minimum acceptable salary: \$ _____ per _____

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

Have you filed an application here before? Yes No
Date _____

Have you ever been employed here before? Yes No
Date _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment
Are you or your spouse related to any other officer of this employer? Yes No

Have you been convicted of a felony within the last 7 years?
Conviction will not necessarily disqualify an applicant from employment

_____ Yes _____ No

If yes, please explain:

EDUCATION AND TRAINING:

Name and Schools Attended and Location	GPA	Major Fields	Hours Completed/Degree Received

SKILLS: Please indicate (X) your experience/skills/abilities in the following areas:

Typing Speed:	Skills:	Clerical Experience:	No. of Years:
___ below 40 wpm	___ 10-key by touch	___ Receptionist	_____
___ 40-49 wpm	___ Excel	___ Data Entry	_____
___ 50-59 wpm	___ Word	___ Bookkeeping	_____
___ 60-69 wpm	___ Publisher	___ Filing	_____
___ above 70 wpm	___ PowerPoint	___ Purchasing	_____
	___ Other Word Processing	___ Secretarial	_____
	___ Other Software	___ Records Management	_____
	___ Shorthand; speed_____	___ Cashier (electronic)	_____
	___ Court Reporting	___ Other: _____	_____
	___ Other: _____	_____	_____

ADDITIONAL INFORMATION:

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? _____ Yes _____ No

Type of License	___ Operator	License No. _____
	___ Commercial	License No. _____
	___ Chauffeur	License No. _____

Have you ever had any job-related training in the United States Military? ____ Yes ____ No

If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?
____ Yes ____ No

Indicate any foreign language you can speak, read, and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

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

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES:

List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone Number	Occupation

EMPLOYMENT HISTORY:

List each position held. Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status. If you need additional space, please continue on a separate sheet(s) of paper.

May inquiry be made of your present employer? ____ Yes ____ No

Employer:	Phone No.:	Dates Employed:
Address		Summary of Job Duties
Job Title		
Supervisor		
Reason for Leaving		Starting Salary: Ending Salary:
Employer:	Phone No.:	Dates Employed:
Address		Summary of Job Duties
Job Title		
Supervisor		
Reason for Leaving		Starting Salary: Ending Salary:
Employer:	Phone No.:	Dates Employed:
Address		Summary of Job Duties
Job Title		
Supervisor		
Reason for Leaving		Starting Salary: Ending Salary:
Employer:	Phone No.:	Dates Employed:
Address		Summary of Job Duties
Job Title		
Supervisor		
Reason for Leaving		Starting Salary: Ending Salary:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 applications 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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Date of Interview: _____ Interviewer: _____

Remarks: _____

Employed: Yes No

Date of Employment: _____

Job Title: _____

Hourly Rate/Salary: _____

By: _____

Date: _____

Name and Title