



APPLICATION FOR EMPLOYMENT

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

**PERSONAL INFO**

LAST NAME FIRST NAME MIDDLE NAME

PRESENT ADDRESS

CITY STATE ZIP SOCIAL SECURITY NUMBER

PHONE NUMBER CELL NUMBER EMAIL ADDRESS

EMERGENCY CONTACT NAME ADDRESS PHONE NUMBER

Are you legally authorized to work in the U.S.?  YES  NO

Do you have a valid driver's license?  YES  NO

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_

Are you legally authorized to travel throughout the United States?  YES  NO

Are you willing to work weekends, holidays, and evenings?  YES  NO

Are you applying for:  Part Time  Full Time  Temporary

Approximate starting pay expected: \$ \_\_\_\_\_ per  HOUR  WEEK  MONTH  YEAR

Date available for work: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

**EDUCATION**

HIGH SCHOOL

Name and Location No. of Years Degree, Certificate, or Diploma Subject / Major

COLLEGE OR UNIVERSITY

Name and Location No. of Years Degree, Certificate, or Diploma Subject / Major

BUSINESS OR VOCATIONAL

Name and Location No. of Years Degree, Certificate, or Diploma Subject / Major

SPECIALIZED TRAINING

Name and Location No. of Years Degree, Certificate, or Diploma Subject / Major

**EMPLOYMENT HISTORY**

\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_  
 Month / Year To Month / Year

\_\_\_\_\_  
 Employers Name

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Job Title

\_\_\_\_\_  
 Hours Per Week

\$\_\_\_\_ Per\_\_\_\_  
 Salary (per our, week, month, year)

Supervisor Name



Reason for leaving

Ok To Contact?

YES

NO

Duties / Responsibilities:

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\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_  
 Month / Year To Month / Year

\_\_\_\_\_  
 Employers Name

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Job Title

\_\_\_\_\_  
 Hours Per Week

\$\_\_\_\_ Per\_\_\_\_  
 Salary (per our, week, month, year)

Supervisor Name



Reason for leaving

Ok To Contact?

YES

NO

Duties / Responsibilities:

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List job related skills you possess:

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**PROFESSIONAL REFERENCES**

Name

Phone No.

Relationship

Years Acquainted

Name

Phone No.

Relationship

Years Acquainted

**Are you able, with or without reasonable accommodation, to perform and fulfill all the essential duties and requirements of the job for which you are applying?**  YES  NO

Note: Texas law requires that a person with a disability requiring Accommodations for employment notify the employer in writing within 182 days after the need is known

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING:**

I affirm that the information provided in this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I understand that falsified statements, misrepresentations or omissions – oral or written – may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted\*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature