

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

These Instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed.

PERSONAL INFORMATION

First Name

Last Name

Middle Name

Street Address

City

State

Zip Code

Primary Phone Number

Secondary Phone Number

Email Address

ARE YOU 18 YEARS OR OLDER?

Yes

No

ARE YOU LEGALLY AUTHORIZED TO WORK IN THIS COUNTRY

Yes

No

WERE YOU REFERRED BY AN EXISTING EMPLOYEE?

Yes Who Referred You?: _____

No

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

TYPE OF EMPLOYEMENT DESIRED

Full Time

Part Time

Location:

Bandera

Sonterra

McCullough

Zarzamora

ARE YOU WILLING TO WORK ANY DAY OF THE WEEK, OVER TIME, AND WEEKENDS?

Yes No

PLEASE PROVIDE WORK AVAILABILITY: Place an X in the boxes to indicate you are available to work

Sunday AM

Sunday PM

Monday AM

Monday PM

Tuesday AM

Tuesday PM

Wednesday AM

Wednesday PM

Thursday AM

Thursday PM

Friday AM

Friday PM

Saturday AM

Saturday PM

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS FOR THE JOB IN WHICH YOU ARE APPLYING FOR?

Yes

No

EDUCATION

School or Institution

Location

Major/Discipline

Degree

Did you graduate?

Yes

No

End Date

Present

EXTRACURRICULAR ACTIVITIES

HONORS/AWARDS

PART-TIME AND SUMMER WORK

LIST COURSES, WORKSHOPS, SEMINARS, AND OTHER SPECIALIZED OR ADVANCED TRAINING RECEIVED

LIST ANY COMPUTER PROGRAMS OPERATED, OFFICE MACHINES, OR EQUIPMENT

LIST ANY SKILLS OR APTITUDE YOU HAVE THAT WE MAY CONSIDER FOR THE POSITION IN WHICH YOU ARE APPLYING FOR

FORMER EMPLOYERS

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

Company Name

Company Phone

Position Title

Address

City

State

Description, Duties, and Responsibilities

Start Date

End Date

Present

Starting Pay

Ending Pay

Supervisor's Name

May we contact for a reference?

Yes

No

Later

Supervisor's Phone Number

Reason for Leaving

Company Name

Company Phone

Position Title

Address

City

State

Description, Duties, and Responsibilities

Start Date

End Date

Present

Starting Pay

Ending Pay

Supervisor's Name

May we contact for a reference?

Yes

No

Later

Supervisor's Phone Number

Reason for Leaving

Company Name

Company Phone

Position Title

Address

City

State

Description, Duties, and Responsibilities

Start Date

End Date

Present

Starting Pay

Ending Pay

Supervisor's Name

May we contact for a reference?

- Yes
- No
- Later

Supervisor's Phone Number

Reason for Leaving

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

WHAT QUALIFICATIONS, ABILITIES, AND STRONG POINTS WILL HELP YOU SUCCEED IN THIS JOB?

MILITARY EXPERIENCE

IF IN SERVICE, INDICATE BRANCH

DATE ENTERED

DATE DISCHARGED

NAME OF DUTIES

HIGHEST RANK OR GRADE

TERMINAL RANK OR GRADE

REFERENCES

THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name

Phone Number

Address

Years Known

Name

Phone Number

Address

Years Known

Name

Phone Number

Address

Years Known

MAY WE CONTACT YOUR REFERENCES?

Yes No

EMERGENCY CONTACTS

In case of emergency, notify:

Name

Phone Number

Address

Name

Phone Number

Address

Race and Ethnicity

- I choose not to self-identify at this time
- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

Veteran Status Pre-Offer

- I choose not to self-identify at this time.
- I identify as one or more of the classifications of protected veterans
- I am not a protected veteran

Gender

- I choose not to self-identify at this time.
- Female
- Male

APPLICANT AGREEMENT

I confirm that I have completed all of the required questions above.

- Yes
- No

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I UNDERSTAND THAT AS A CONDITION OF EMPLOYEMENT, I WILL BE REQUIRED TO PROVIDE LEGAL PROOF OF AUTHORIZATION TO WORK IN THE U.S. I UNDERSTAND THAT SOME STATE AGENCIES WILL CHECK WITH THE DEPARTMENT OF PUBLIC SAFETY, THE FEDERALE BUREAU OF INVESTIGATION, OR ANY OTHER ORGANIZATIONS, FOR ANY CRIMINAL HISTORY IN ACCORDANCE WITH APPLICABLE STATUS. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERED IN THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYEMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION."

First and Last Name

Today's Date

Please confirm you read and understand the above.

I Agree

