

APPLICATION FOR EMPLOYMENT

316 N. Cliff Drive Graham, TX 76450

940-322-4463 Ext 3024 H.R. Mgr.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin Date / /

EMPLOYMENT DESIRED

Position	Date Available	Salary desired	Type of employment <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previously applied with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?	

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Address (Number, Street, City, State, Zip Code)		
Social Security Number	Home Telephone Number	Referred By

EDUCATION

High School Attended and Location	<u>No. Of Years Completed</u>	<u>Did you graduate?</u>	
College Attended and Location	<u>No. Of Years Completed</u>	<u>Did you graduate?</u>	<u>Degree?</u>
Trade, Business or Correspondance School and Loc.	<u>No. Of Years Completed</u>	<u>Did you graduate?</u>	

GENERAL

Special Courses or Training
Experience/Skills Related to the position for which you are applying

OFFICE/SECRETARIAL APPLICATIONS

Skill/Aptitude	Years of Experience	Words per Minute	Software Used
Typing			
Shorthand			
Word Processing			

EMPLOYMENT HISTORY (LIST PRESENT OR MOST RECENT POSITIONS FIRST)

Type of Business	Department	Your Position
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Duties:

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Name and Position of Immediate Supervisor:

Date Employed (MM/DD/YY)	Date left (MM/DD/YY)	Starting Salary	Final Salary
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Reason For Leaving

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Name of Employer	Address (Number, Street, City, State, Zip Code)
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Type of Business	Department	Your Position
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Duties:

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Name and Position of Immediate Supervisor:

Date Employed (MM/DD/YY)	Date left (MM/DD/YY)	Starting Salary	Final Salary
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Reason For Leaving

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Name of Employer	Address (Number, Street, City, State, Zip Code)
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Type of Business	Department	Your Position
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Duties:

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Name and Position of Immediate Supervisor:

Date Employed (MM/DD/YY)	Date left (MM/DD/YY)	Starting Salary	Final Salary
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Reason For leaving

The information provided in the Application for Employment is true, correct, and complete. Any misstatement or omission of fact on this application will result in rejection of this application, or if employed, will result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future and that if employed, I will be an employee-at-will whose employment can be terminated at any time for any reason or for no reason.

If you decide to engage in an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I understand and agree that, if offered employment, or employed, I may be required to take a physical examination and drug screening as a condition of employment or continued employment. I agree to consent to take such test (s) at such time as designated by the company and to release to the company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

DATE: _____ Signature: _____