

APPLICATION FOR EMPLOYMENT

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. Consistent with the Americans Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

DATE _____ SSN _____

DRIVERS LICENSE NUMBER _____

NAME _____ Are you 18 yrs. or older? Yes No
LAST FIRST MIDDLE

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (If yes, please explain on reverse). Yes No

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____ REFERRED BY: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

CURRENTLY EMPLOYED? YES NO IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	YR COMP.	SUBJECT STUDIED & DEGREE(S) RECEIVED
ELEM. SCHOOL	_____		_____
HIGH SCHOOL	_____	7, 8, 9, 10, 11, 12	_____
COLLEGE	_____	1, 2, 3, 4	_____
TRADE, BUS., OR CORRESPONDENCE	_____	1, 2, 3, 4	_____

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

JOBS RELATED SKILLS (TYPING, DRIVER'S LICENSE, ETC.)

(CONTINUED ON THE OTHER SIDE)

FORMER EMPLOYERS LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST.

DATE	NAME AND ADDRESS OF EMPLOYERS	SALARY	POSITION	REASON FOR LEAVING
FROM: _____	_____	_____	_____	_____
TO: _____	_____	_____	_____	_____
FROM: _____	_____	_____	_____	_____
TO: _____	_____	_____	_____	_____
FROM: _____	_____	_____	_____	_____
TO: _____	_____	_____	_____	_____
FROM: _____	_____	_____	_____	_____
TO: _____	_____	_____	_____	_____

REFERENCES LIST BELOW 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	ADDRESS	POSITION	YRS. ACQUAINTED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

IF YOU ARE HIRED BY THE COMPANY, YOU WILL BE REQUIRED TO ATTEST TO YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY, AND TO PRESENT DOCUMENTS CONFIRMING YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY. YOU CANNOT BE HIRED IF YOU CANNOT COMPLY WITH THESE REQUIREMENTS.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice or at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired, a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

DATE ____/____/____

Signature _____

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

I, _____ have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$24.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee

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: _____	
Hire _____ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	