



EMPLOYMENT APPLICATION

2441 MINNIS DRIVE
HALTOM CITY, TX 76117
PH: 817-288-8891
FAX: 817-288-8897

2411 SHORECREST DRIVE
DALLAS, TX 75235
PH: 214-276-0944
FAX: 214-276-0945

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Interview (Month/Day/Year):

/ /

Applicant Data

Position Applied for:

How were you referred to us:

Full Name:

Address:

City:

State:

Zip:

Phone:

Mobile/Pager/Other:

E-mail:

Date Available to Start:

Social Security Number: - -

Salary Requirements:

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain:

Have you ever worked for this company? Yes No If yes, when?

Are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position):

State:

Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____