



# Application For Employment

P.O. Box 624 ■ Brenham, TX 77834  
713.896.8188

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
Referred By: _____		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	
<input type="checkbox"/> Other _____		
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work:

Yes     No

Have you ever filed an application with us before?

Yes     No    If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes     No    If Yes, give date \_\_\_\_\_

Are you currently employed?

Yes     No

May we contact your present employer?

Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes     No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work: \_\_\_\_\_

Are you able to work     Full Time     Part Time     Shift Work     Temporary

Are you currently on "lay-off" status and subject to recall?     Yes     No

Can you travel if a job requires it?     Yes     No

Have you been convicted of a felony within the last 7 years?     Yes     No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received in the United States military. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed From      To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting      Final		
Job Title	Supervisor			
Reason for Leaving				

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If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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# Additional Information

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## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills

Check Skills/Equipment Operated

CRT    Fax    PC    Excel    Calculator    PBX System    Typewriter    Microsoft Word

Production/Mobile Machinery (list): \_\_\_\_\_

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Other (list): \_\_\_\_\_

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State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes

No

## References

1. \_\_\_\_\_ ( )  
Name Phone#

Address

2. \_\_\_\_\_ ( )  
Name Phone#

Address

3. \_\_\_\_\_ ( )  
Name Phone#

Address

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_