

TEXCON

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

Date of Application: _____

Position(s) Applied For: _____

Please tell us how you heard about us: _____

***IF YOU WERE REFERRED BY A CURRENT EMPLOYEE
PLEASE PRINT NAME:*** _____

Name _____

Address, _____

City _____ State _____, Zip _____

Telephone (____) _____ Mobile # (____) _____

Social Security Number _____ - _____ - _____

Drivers License Number _____ State _____ Class _____

If hired, can you offer proof that you are at least 18 years of age? Y N

Have you filed an application here before? N Y when? _____

Have you ever been employed here before? N Y when? _____

Are you employed now? Y N Can we contact your present employer? Y N

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Y N Proof of citizenship or immigration status will be required on employment

On what date would you be available for work? _____

Are you available ___ Full-time ___ Part-time ___ Shift Work ___ Temporary

Are you on a lay-off and subject to recall? Y N

Can you travel if a job requires it? Y N

Have you been convicted of a felony within the last 7 years? Y N

Conviction will not necessarily disqualify applicant from employment

If yes, please explain _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, disability, or other protected status.

Employer	Telephone	Supervisor	
Address		Dates Employed	
Job Title	Beg. Salary	Ending	Reason for Leaving
Work Performed			

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Address		Dates Employed	
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Work Performed			

If you need additional space, please continue on another sheet of paper

Special Skills and Qualifications

Indicate languages you speak, read or write

SPEAK

READ

WRITE

List professional, trade, business, or civic activities and offices held. (You may exclude memberships which reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status):

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

Are you a Veteran of the United States Military? Y N Branch? _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with a Disability.

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era , and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a disability you are invited to volunteer this information, which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

_____ Disabled Individual _____ Disabled Veteran _____ Vietnam Era Veteran

Signed _____

EDUCATION

	Elementary	High School	University	Professional
School Name City, State				
Year last completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Degree/Diploma				
Course of Study				

Describe specialized training, apprenticeships, skills and extra-curricular activities

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.

The applicant understands that neither this document or any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

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

Date

SELF IDENTIFICATION

Name (please print) _____ Date _____

Birthdate ___/___/___ Position for which you are applying _____
(you must indicate a specific position)

As an employer, we wish to comply with various laws and regulations which require us to file annual statistical reports on applicants for employment. Submission of this information by you is voluntary.
Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested.

SEX IDENTIFICATION: _____ Male _____ Female

EEO CLASSIFICATION:

- _____ White
- _____ Black
- _____ Hispanic
- _____ Asian/Pacific Islander
- _____ American Indian or Alaskan Native
- _____ Other

