



Application for Employment

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Please Print

Personal Information :

Date: _____

Last Name

First Name

MI

Street Address

City

State

Zip

Telephone

Social Security Number

Position Desired

What are your strengths? _____

What are your weaknesses? _____

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

(Circle one)

YES NO

Are you prevented from lawfully becoming employed in this country because of immigration status? (Proof of citizenship or immigration is required)

YES NO

Have you been convicted of a felony within the last seven years?

YES NO

If Yes, please explain _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

YES NO

Are you TABC certified?

YES NO

Mode of transportation? _____

How many hours do you want to work per week ? _____

Will you work overtime if necessary

YES NO

Do you have any restrictions or future commitments that will interfere with your work schedule?

YES NO

If yes, please explain _____

Are you currently employed?

YES NO

If so, may we contact your present employer?

YES NO

Education :

	School / Location	Years Completed	Area of Study
High School			
College			
Graduate			
Professional			

References:

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

1 _____

2 _____

3 _____

Employment Experience : (Begin with you present employer or last job)

Employer :	Dates Employed	Hourly Rate/Salary
Address :		
Tel. :	Job Title :	
Supervisor :	Reason for leaving :	
Describe Job :		

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Describe Job :		

Schedule Availability : Please place an "X" on the shift(s) you are **not** available to work.

	Mon	Tues	Wed	Thurs	Fri	Sat
AM						
PM						

Comments : Please use this space for anything you would like to tell us about yourself.

I certify that the answers given are true and complete to the best of my knowledge. In the event of In the event of employment, I understand that false or misleading information shall be considered cause for dismissal.

Date

Signature