



1690 E. State Highway 121
Lewisville, TX 75056-4800
Office: (972) 735-0500 * Fax: (972) 735-0701

Employment Application

EQUAL OPPORTUNITY EMPLOYER

Applicant Information

Full Name: _____ Date: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Date Available: _____ Social Security No. _____ Desired Salary: \$ _____

Position Applied for: _____

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

Do you have a Valid Texas Driver's License? Yes No if so, License No.? _____

If no, explain: _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College/University: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company Name: _____ Phone No.: _____

Full Name: _____ Relationship: _____

Company Name: _____ Phone No.: _____

Full Name: _____ Relationship: _____

Company Name: _____ Phone No.: _____



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Previous Employment

Company: _____ Phone No.: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Employment Dates: From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone No.: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Employment Dates: From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone No.: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Employment Dates: From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Qualifications/Skills/Certifications

List:



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Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA) and other relevant federal and state laws.

Date: _____ Signature: _____

*****DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY*****

Interviewed By: _____ Date: _____

Remarks

Large rectangular box with horizontal lines for writing remarks.

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES
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APPROVED:

1 - EMPLOYMENT MANAGER

2 - GENERAL MANAGER

3 - HUMAN RESOURCE