



APPLICANT

First Name/Middle Initial: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Driver's License (State/Number) _____

- I have reliable transportation to and from work? YES NO
- I am legally eligible for employment in the U.S.? YES NO
- I am over 18 year old? YES NO
- Do you have a Texas Food Handlers Certificate? YES NO
- Or a TABC Server Certificate? YES NO
- Are you First Aid/CPR/AED Certified? YES NO

Have you been convicted or plead no contest to a Felony in the last 5 years? YES NO

If yes, please describe the crime – state the nature of the crime(s), when and where convicted, and the disposition (final statement) of the case. _____

Are you willing to submit to a drug/alcohol screening/background check? YES NO

POSITION AND AVAILABILITY

Position Applying For: _____

Desired Wage: _____ Date Available: _____

Type of employment: Regular Part-time work Regular Full-time work
 Temporary work (**Summer, Seasonal, Holiday or Special Events)
****If applying for temporary work, indicate you desired length of employment and availability for employment:*
Start date: ____/____/____ End date: ____/____/____

Days available: Mon Tues Wed Thurs Fri Sat Sun

Hours Available: From: _____ to: _____

Are you available to work overtime, holidays and/or special events? YES NO

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? YES NO

If no, describe the functions that cannot be performed

EDUCATION, TRAINING AND EXPERIENCE

High School _____ City/State/Zip _____

Number of years completed: _____ Did you graduate? YES NO GPA _____

College/University _____ City/State/Zip _____

Number of years completed: _____ Did you graduate? YES NO Degree earned _____

Vocational School _____ City/State/Zip _____

Number of years completed _____ Did you graduate? YES NO Diploma earned _____

Military Branch _____ Rank _____ Total years of service _____

SKILLS AND QUALIFICATIONS

What languages do you read and write fluently? Read: _____ Write: _____

Licenses, Skills, Training, Awards or special talents: _____

Computers, Software, and other equipment you are qualified to operate or repair: _____

Professional Licenses, certifications or registrations: _____

EMPLOYMENT/EXPERIENCE HISTORY

Please detail each position for the past 5 years, starting with your most recent employer and account for any gaps in employment during that period. (Please attach additional sheets, if needed)

Are you currently employed? YES NO If yes, may we contact your present employer? YES NO

Company: _____ **Address:** _____

Supervisors Name: _____ Phone number: _____

Length of employment/dates: From: _____ to: _____ Salary/Pay rate: _____

Position held, duties performed, promotions: _____

Reason for leaving: _____

May we contact this employer for references? YES NO

Company: _____ **Address:** _____

Supervisors Name: _____ Phone number: _____

Length of employment/dates: From: _____ to: _____ Salary/Pay rate: _____

Position held, duties performed, promotions: _____

Reason for leaving: _____

May we contact this employer for references? YES NO



Company: _____ Address: _____

Supervisors Name: _____ Phone number: _____

Length of employment/dates: From: _____ to: _____ Salary/Pay rate: _____

Position held, duties performed, promotions: _____

Reason for leaving: _____

May we contact this employer for references? YES NO

REFERENCES

Please include name, phone number, and relationship of your acquaintance. (Exclude relatives and former employers)

1] _____

2] _____

DISCLAIMER

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should this application contain any false or misleading information, my application may be rejected or my employment with this company could be terminated. As part of procedure for processing employment applications, personal and employment references may be checked. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me. If necessary for employment, you will be required to supply your driver's license, social security card or other proof of authorization to work in the United States. ***I understand and agree to the information above.***

Signature: _____

Date: _____

Printed Name: _____

For Internal Use Only:

Department: _____ Supervisor: _____ Position: _____

Wage: _____ Hire Date: _____ Start Date: _____

Regular Full-time work Regular Part-time work Temporary work (Summer, Seasonal, Holiday or Events)

Health Insurance Benefits Eligible? YES NO Effective Date: _____ (60 days)

- Driver's License/ID Card Social Security Card/Birth Certificate I-551 Immigration Visa*
 - I-9 Emergency Contact Form Direct Deposit Authorization Form
 - W-4 Handbook Agreement Pre-Tax Form*
 - New Hire Reporting Form (Processed date: _____)
 - Insurance Form (even if declining coverage)*
 - Child Support or additional paycheck deductions*
- *if applicable

