

P.O. Box 1591 Hallsville, TX 75650 Ph: 903-932-5885

Fax: 903-400-5885

EMPLOYMENT APPLICATION

Date of appli	cation:				
Name:					
	Last	First			Middle
Address:	Street	City		State	Zip
Telephone:		,	Cell (Ζίμ
Email addres	s:				
	red:				
Date availabl	e for work:		Salary desired	l:	
Type of empl	oyment: Full-time	Part-time (# hrs/w	/k)	Temporary	Seasonal
Hours/days a	vailable:	Day Evening	Night	Weekdays 🗌	Weekends Are
you 18 years	of age or over?	Yes No			
EDUCATIO	ON				
	school and/or institution and ance for high school.	•		ucation/courses	taken. Do not list
Name of Sch	ool:			Graduation Da	te:
Degree/Diplo	oma Received:		Major/Minor:		
Name of Sch	ool:			Graduation Da	te:
Degree/Diplo	oma Received:		Major/Minor:		
Name of Sch	ool:			Graduation Da	te:
Degree/Diplo	oma Received:		Major/Minor:		

EXPERIENCE

Please list all work, volunteer and military experiences (include self-employment, if any) starting with most recent or current experience.

ldress:		City	State	Ziņ
Street		City	State	۷۱٫
lephone:	Supervisor:		May we contact?	
art date: month/day/year	End date: month/day/year	Starting wage:	Ending wage:	
o title:		Reason for lea	aving:	
escription of work and s	skills used (include tools,	, equipment and	computer skills):	
complishments:				
EMPLOYER:				
EMPLOYER:			State	Ziş
EMPLOYER:		City		
EMPLOYER: ddress: Street elephone:	Supervisor:	City	State	
EMPLOYER: Idress: Street Ilephone: art date: month/day/year	Supervisor: End date: month/day/year	City Starting wage:	State May we contact?	
EMPLOYER: Street lephone: art date: month/day/year b title:	Supervisor: End date:	City Starting wage: Reason for lea	State May we contact? Ending wage:	

EXPERIENCE (continued)

3. EMPLOYER:				
Address:		City	State	Zip
		,		·
Telephone:	Superviso	r:	May we contact?	
Start date: Er	nd date: month/day/year	Starting wage:	Ending wage:	
Job title:		Reason for leav	ring:	
Description of work and skill	s used (include too	ls, equipment and co	omputer skills):	
Accomplishments:				
4. EMPLOYER:				
Address:		City	State	Zip
Telephone:	Superviso		May we contact?	
Start date: Er	nd date:		Ending wage:	
Job title:		Reason for leav	ring:	
Description of work and skill	s used (include too	ls, equipment and co	omputer skills):	
Accomplishments:				
EXPLAIN GAPS IN WORK HIS				

ADDITIONAL INFORMATION Please list any other skills, abilities, worker traits, licenses/certifications or anything else not listed above. List/describe any other training and/or experience relevant to the position for which you are applying. REFERENCES List three persons (not related to you) who can be contacted regarding your qualifications, work habits and character. Address Name Telephone **Email** Occupation Years Known Address Name Years Known Telephone **Email** Occupation Address Name **Email** Occupation Years Known Telephone I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application 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.

Signature	 Date