

APPLICATION FOR EMPLOYMENT

Fax# 281-338-1429

PLEASE PRINT

Date: _____	Position Applied For: _____
Name: _____	Social Security Number: _____
Address: _____	City: _____ State: _____ Zip: _____
Telephone Number: (Home) _____	(Cell) _____ (Other) _____

Please Note:

This application form was designed for use by applicants for various positions: clerical, professional, technical and administrative. Answer the questions to the best of your ability. All information will be treated confidentially. The issuance of this application in no way constitutes an employment agreement. The Company is an at-will employer and may hire or terminate with or without notice for cause or without cause.

In completing this application, all candidates agree to resolve all disputes regarding this application for employment through the Company's Dispute Resolution Program.

Failure to complete this application in its entirety may lead to rejection of the application by the Company. If the information supplied by the applicant is found to be false or misleading, the Company reserves the right to terminate the application process or the employee should you be hired.

EDUCATION

	Print Name and Address for each School Listing	Number of Years Completed	Degree, Major or Type of Course
College	_____ _____		
Graduate School	_____ _____		
Trade, Business, Night or Correspondence	_____ _____		
Other	_____ _____		

EMPLOYMENT HISTORY

PLEASE PROVIDE A FIVE (5) YEAR HISTORY - LIST YOUR MOST RECENT EMPLOYER FIRST

May we contact these employers? YES NO

Employer Name: _____ Dates: From: _____ To: _____
(mo/yr) (mo/yr)

Employer Address: _____

Supervisor Name: _____ Phone Number: _____

Your Job Title: _____ Salary: Start: _____ End: _____
(hr/mo/yr) (hr/mo/yr)

Your Job Duties: _____

Reason for Leaving: _____

Job Verification Completed by: _____ Is the applicant eligible for rehire: YES NO

Employer Name: _____ Dates: From: _____ To: _____
(mo/yr) (mo/yr)

Employer Address: _____

Supervisor Name: _____ Phone Number: _____

Your Job Title: _____ Salary: Start: _____ End: _____
(hr/mo/yr) (hr/mo/yr)

Your Job Duties: _____

Reason for Leaving: _____

Job Verification Completed by: _____ Is the applicant eligible for rehire: YES NO

Employer Name: _____ Dates: From: _____ To: _____
(mo/yr) (mo/yr)

Employer Address: _____

Supervisor Name: _____ Phone Number: _____

Your Job Title: _____ Salary: Start: _____ End: _____
(hr/mo/yr) (hr/mo/yr)

Your Job Duties: _____

Reason for Leaving: _____

Job Verification Completed by: _____ Is the applicant eligible for rehire: YES NO

Fair Credit Reporting Act (FCRA) Release

The Fair Credit Reporting Act (FCRA) allows individuals and institutions with a true business need to gain access to the credit/criminal and employment histories of other individuals, with the individuals' permission.

By signing this release, I _____ hereby give permission to the Company to:

- Investigate my credit history through contact of credit bureaus, at any time.
- Question my employment and personal references regarding my credit history.
- Investigate my background to include Criminal History, Civil History or Sex Offender Status.
- Investigate my driving record utilizing a Motor Vehicle Record.

As outlined by the Fair Credit Reporting Act, you must be notified if information obtained about you through a credit reporting agency is used in making an adverse employment decision.

I understand that should one or more of the above reports result in an adverse employment decision by the Company, I will receive a copy of the report.

I have read and understood the above, and I sign this release voluntarily, without coercion or duress from any individual or party.

Applicant Signature

Date