



Submit to:
 P.O. BOX 2037
 Lubbock, Texas 79408

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, nationality, sexual preference, religion, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			Business Telephone
	Have you ever applied for employment with us? Yes No			Social Security #
	Position Desired			Pay Expected
	Are you available for full-time work? Yes No			Will you work overtime if asked? Yes No
	Are you legally eligible for employment in the United States? Yes No			When will you be able to begin work?
	Other special training or skills (languages, machine operation, etc.?)			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Business/ Trade/ Technical				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Elementary				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

Please give accurate, complete full-time and Part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers Listed unless you indicate those You do not want us to contact	<i>Do not Contact</i>	
	Employer Number(s)	Reason

MILITARY	Did you serve in the Armed Forces? Yes No	If 'Yes' what Branch?
	Describe any training received relevant to the position for which you are applying	

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

Provide dates you attended school:	Elementary From _____ To _____	Number of dependents, including self _____	
	High School From _____ To _____		Are you a veteran? Yes _____ no _____
	College From _____ To _____		Sex Male _____ Female _____
Other (give name and dates)			
Marital Status Single _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____		Date of Marriage _____	
What was your previous address?		Are you a U.S. Citizen? Yes _____ No _____	
		How long at present address? _____ years	
		How long at previous address? _____ years	
Have you ever been bonded? Yes _____ No _____ If yes with what employers?		Are you over 18 years of age? yes _____ no _____ If not, employment is subject to verification of age.	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes _____ No _____ If "Yes" describe in full:			
State names of relatives and friends working for us, other than your spouse.			

S I G N A T U R E	The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.	
	I understand that acceptance of any offer of employment does not create a contractual obligation up on the employer to continue to employ me in the future.	
	If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so.	
	If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.	
	_____	_____
	Date	Signature