

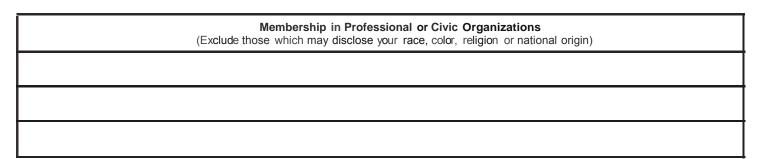
## Submit to: P.O. BOX 2037 Lubbock, Texas 79408

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

## APPLICATION FOR EMPLOYMENT

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

Е	School	Name and Location of School	Course of Study.	No.Years Completed	Did You Graduate?	Degree or Diploma
D	Graduate				Yes □ No □	
U C	College				Yes □ No □	
A T I	Business/ Trade/ Technical				Yes □ No □	
O N	High School				IYes □ No □	
1,	Elementary				Yes □ No □	



Please give accurate, complete full-time and

## EMPLOYMENT

Part-time employment record. Start with your present or most recent employer.

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

	Compony Nome	Telephone	
	Company Name	Telephone	
	Address	Employed - (State	month and year)
2		From	То
	Name of Supervisor	Weeklypay	
		Start	Last
	State Job Title and Describe Your Work	Reason for Leavir	ng

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

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

We may contact the employers Listed unless you indicate those	Do not Contact				
· · ·	Employer Number(s)	Reason			

Yes	No					
Describe any training received relevant to the position for which you are applying						
)						

	DO NOT	ANSWER ANY (	DUESTION IN THIS	S SECTION UNLES	SS THE BOX IS CHECKED	
	If the employer has checked the including, without limitation, natio Rights Act of 1964 prohibits disc prohibits discrimination based or of discrimination as well as dome	box next to the question onal security considerat rimination in employment age, citizenship and con	on, the information requitions, a legitimate occup ent because of race, col lisability. The laws of n	ested is needed for a le pational qualification or b or, religion, sex or nation nost States also prohibit	gally permissible reason, ousiness necessity. The Civil nal origin. Federal law also some or all of the above types	
	Provide dates you attended school	ol:	Elementary From	То	Number of dependents, including self	
	High School From To		College From	То	Are you a veteran? Yes no	-
	Other (give name and dates)				Sex Male Female	
	Marital Status Single	Engaged	Married		Date of Marriage	
	Separated	Divorced	Widowed		Are you a U.S. Citizen? Yes No	
,	What was your previous address	?			How long at present address? years	
					How long at previous address? years	
	Have you ever been bonded? If yes with what employers?	Yes	No		Are you over 18 years of age? yes no	
	Have you been convicted of a cri	me in the past ten year	rs excluding misdemea	nors and summary offe	If not, employment is subject to verification of age. nses, which has not been annulled, expunged or	
	sealed by a court? Yes	No	If "Yes" desc	ribe in full:		
	State names of relatives and frier	nds working for us, oth	er than your spouse.			
1	<b>The State of Constants</b>					
S I	The information provided in this result in my dismissal.	Application for Employ	rment is true, correct, ai	a complete. If employe	ed, any misstatement or omission of fact on this application may	ſ
G N	I understand that acceptance of	any offer of employme	ent does not create a co	ntractual obligation up o	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.

T 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.
R

Date

А

Е

Signature