



Headquarters
1919 W. Hwy 83
McAllen, TX 78501

Loc# 90
**Application
for Employment**

It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

Name _____ Social Security # _____

Home Phone _____ Cell # _____

Address _____

City/State/Zip _____

Emergency Contact Name _____ Phone _____

Position applied for _____ Pay Expected _____

Special training or skills: (languages, machine operation, etc.) that would benefit you in the job for which you are applying: _____

Would you accept full-time work? Yes ☐ No ☐ Would you accept part-time work? Yes ☐ No ☐

On what date would you be available for work? _____

Have you ever been employed here before? No ☐ Yes ☐ Dates _____

Do you have a legal right to be employed in the U.S.? Yes ☐ (If yes, proof is required.) No ☐

Are you of legal age to work? Yes ☐ No ☐

Education Background

High School Name and Location _____

Course of Study _____ Did you graduate Yes ☐ No ☐ Degree or diploma _____

College Name and Location _____

Course of Study _____ Did you graduate Yes ☐ No ☐ Degree or diploma _____

Vocation or other training _____

Name and location _____

Course of Study _____ Did you graduate Yes ☐ No ☐ Degree or diploma _____

Continuing Education _____

Military Branch of Service _____ Rank Achieved _____

Are you in Active Reserves? ☐ Yes ☐

For Office Use Only

Applicant # _____

Employee # _____

Hire Date _____

Position _____

Rate _____

Class _____

Skill _____

Other _____

Notes _____

Attachments

☐ Resume

☐ Driver Application

☐ Pre-Employment Screen

☐ Change of Status

Previous Employers & Addresses

Place an X by the employer (s) you do not want us to contact. List the most recent employer

☐

1. Company Name _____
Phone () _____
Address _____
Contact Name _____
Employed From _____ To _____ Position _____
Month / Year Month / Year
Reason for Leaving _____ Last Wage _____

For Office Use Only

Person contacted _____
Employment Dates Verified _____
Wages verified _____
Comments _____

☐

2. Company Name _____
Phone () _____
Address _____
Contact Name _____
Employed From _____ To _____ Position _____
Month / Year Month / Year
Reason for Leaving _____ Last Wage _____

For Office Use Only

Person contacted _____
Employment Dates Verified _____
Wages verified _____
Comments _____

☐

3. Company Name _____
Phone () _____
Address _____
Contact Name _____
Employed From _____ To _____ Position _____
Month / Year Month / Year
Reason for Leaving _____ Last Wage _____

For Office Use Only

Person contacted _____
Employment Dates Verified _____
Wages verified _____
Comments _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature _____ Date _____