

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

		App	licar	nt Information				
Full Name:					Date:			
	Last	First	t	M.I.				
Address:								
	Street Address				Apartment/Un	it #		
	City			State	ZIP Code			
Phone:				Email				
Date Availal	ble: Socia	al Security	y No.:	Desir	ed Salary: <u>\$</u>			
Position App	olied for:							
How did you	u find out about this job? ☐ Ne	wspaper [] En	ployee ☐ Walk-In ☐ Relative ☐	Other:			
	you have a reliable means of on to get to work?	YES	NO	Explain;				
Do you have	e a current TABC certificate?			Do you have a current TX Foo	d Handler Certificate?	YES	NO	
Are you a ci	tizen of the United States?			If no, are you authorized to wo	rk in the U.S.?			
Are you at le	east the age of 18 or older?			If no, can you furnish a work pe	ermit?			
Have you e	ver worked for this company?			If yes, when?				
	ver been convicted of a crime? nature of the offense and disposition of the offense and disp		dates a	If yes, explain:	does not constitute an automatic bar	to employi	ment.)	
			Em	ployment				
Are you see	king full time, part time or temp	orary en	nployr	nent?				
What hours	and shift(s) would you prefer to	o work? _						
List times yo	ou are not available to work? _							
Are you willi	ing to work overtime?			Weekends? h	Holidays?			
If applicable		ob descri	ption	for the position for which you are				
	• •			modation to perform, and explai	• •	nodati	ion	
vou will noo	d:							

		Educa	ation			
High School:	:	Address:				
From:	To:	Did you graduate?	YES	NO	Diploma:	
College:		Address:				
From:	To:	Did you graduate?	YES	NO	Degree:	
Other:		Address: _				
From:	To:	Did you graduate?		NO	Degree:	
		Refere	nces			
Please list t	wo professional reference	9S.				
Full Name:					Relationship:	
Company:					Dhono	
		Previous En	nploy	ment		
Company:					Phone:	
Address:					Supervisor:	
Job Title:		Starting Sa	ılary:\$		Ending Salary:\$	
Responsibilit	ties:					
From:	To:		Reaso	n for Le	eaving:	
			YES		NO	
May we cont	tact your previous supervis	or for a reference?				
Company:					Phone:	
Address:						
Job Title:						
	ties:					
Responsibili	ties:					
Responsibilit				n for Le	eaving:	

Company:				Phone:_		
Address:				Supervisor:_		
Job Title:	Starting :	Salary: <u>\$</u>		Ending Sa	ılary: <u>\$</u>	
Responsibilities:						
From:	To:	Reason fo	or Leaving:_			
May we contact you	r previous supervisor for a reference?	YES	NO			
	Military	y Service				
Branch:			From:_		To:	
Rank at Discharge:		Type of	Discharge:_			
If other than honora	ble, explain:					
	Disclaimer a					
employment applic omissions may disc dismissal from emp	personally completed this application ation is true and complete and I unde qualify me from further consideration ployment if discovered at a later date. e while my job application is pending	n. I declare t erstand that for employn I agree to i	that the infor any false in ment and ma immediately	formation or ay be justifica notify Zamm	significant ation for my	
Signature:				Date:		

Authorization for Background Check

qualifications for purposes of evaluating whether I am qua Zammittis will utilize an outside firm or firms to assist it i an investigation by information services and outside entiti	by authorize Zammittis to investigate my background and alified for the position for which I am applying. I understand that in checking such information, and I specifically authorize such es of the company's choice. I also understand that I may igation will be done, and my application for employment will
I authorize this Zammittis to make an investigation of all i I release from liability all companies and corporations sup statements, or implications made by me on this application sufficient cause for denial of employment or discharge.	plying such information. I understand any false answers,
	of my credit report, motor vehicle driving record, and any other rd-party sources. As required by law, upon request within a re and scope of such investigations.
the event I receive medical treatment for any condition, in	post-job offer physical examination and my employment, in cluding a physical, psychological, emotional, or psychiatric I release and exchange of such medical information relating to
Name – Print	
Signature	Date