



EMPLOYMENT APPLICATION

Phone 817-431-4400 Fax 817-431-4401
 2740 Keller Hicks Road
 Keller, TX 76248

Pre Employment Questionnaire
 Equal Opportunity Employer

Personal Information

Date: _____

NAME (Last Name First)		Age	Social Security Number - -	
Present Address		City	State	Zip Code
Permanent Address		City	State	Zip Code
Phone Number () -		Referred By		

Employment Desired

Position		Date You Can Start		Salary Desired		
Are You Employed?	Yes No	If So, May We Inquire Your Present Employer?	Yes No	Ever Applied To This Company Before?	Yes No	
Availability						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Education History

Name & Location Of School	Subjects Studied	Years Attended	Did You Graduate?
High School			
College			
Trade, Business or Correspondence School			

General Information

Subjects Of Special Study/Research Work Or Special Training Skills	
U.S. Military Or Naval Service	Rank

Former Employers

Date Month And Year	Name And Address of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				



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References Give Below The Names Of Three Persons Not Related To You, Whom You Have Known For At Least One Year.

Name	Phone Number	Business	Years Known

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____ Signature: _____

----- DO NOT WRITE BELOW THIS LINE -----

Interviewed By	Interview Date	Interview Time
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Remarks

Neatness		Character		
Personality		Ability		
Hired	Position	Start Date	Wages	Other