

D	Sul	عاد	11:	amh	7	Texas
יט	JUL	JIC .	JLO	טוווג	, –	I EXAS

DOUBLE J		Position applyii	ng for:		
LAMB	-				
	EMPLO	OYEE INFORMAT	ΓΙΟΝ		
Name:					
Last		First	Middle		
Telephone:	Email:		Alternate	phone:	
Address:					
Are you able to perform the estine position with or without ac ☐ Yes ☐ No	If necessary for the job, I am able to:  Work overtime? ☐ Yes ☐ No  Provide a valid Texas Driver's License? ☐ Yes ☐ No  If so, fill out the following:				
I am legally eligible for emplorand can provide proof of my eligil  ☐ Yes ☐ No	Issuing state: Type: CDL:  Yes  No Are you at least 18 years old or older?  Yes  No				
I am seeking a regular position	I am available to work the following shifts: (check all that apply)				
I will be able to report to work					
	FMPI	OYMENT HISTO	)RY		
List most recent employment listed here, in the summary follow	first. Include summer or te	emporary jobs. Be sur	e all your experience or		
Employer name and address:	Position title/duties, ski	ills:		Start date:	End date:
				Reason for I	eaving:
Pay: _\$					
Per:	Supervisor:	Telephone	:		
Employer name and address:	Position title/duties, ski	ills:		Start date:	End date:
				Reason for I	<u>l</u> eaving:
Pay: \$					
Per:	Supervisor:	Telephone	:		
Employer name and address:	Position title/duties, ski	ills:		Start date:	End date:
			•	Reason for I	eaving:
Pay: _\$					
Per:	Supervisor:	Telephone	:		T =
Employer name and address:	Position title/duties, ski	ills:		Start date:	End date:
				Reason for I	eaving:
Pay: \$					
Per:	Supervisor:	Telephone	:		

Summarize other empl	oyment related to this j	ob:		
		EDUCATI	ON	
		EDUCATI Years	ON	
	Institution name	completed	Field of study	Graduate or degree
High school				
College/university				
Business/technical Additional				
Additional		MILITA	DV	
		MILITA	KI	
Are you a veteran? Duty/specialized training	Yes ng:	☐ No		
		SKILLS & QUAL	FICATIONS	
Other qualifications suc	ch as special skills, abili	ties or honors that s	hould be considered:	
Types of computers, so	oftware, and other equi	oment you are qual	fied to operate or repair:	
Professional licenses, c	ertifications or registrat	ions:		
Additional skills, includ to the employer's atter		her languages or in	formation regarding the ca	reer/occupation you wish to bring
Typing speed:	per minute			
		REFEREN	ICES	
List two personal refere	ences who are not relat	ives or former supe	visors.	
Name	Address	Telep	none Occupati	on Years known
Name	Address	Telep	none Occupati	on Years known
		CONTA	СТ	
In case of accident or illness, please contact: Name: Daytime phone:				

## INFORMATION TO THE APPLICANT

Relationship:

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you will be required to supply proof of authorization to work in the United States, and maybe required to have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above.

Address:

Signature of Applicant	Date

**Equal Employment Opportunity:** All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.