



## Employment Application

Date Applied: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you 18 years or older? (Please Circle)      Yes      No      Means of Transportation: \_\_\_\_\_

How were you referred to Mini Texans? \_\_\_\_\_

Type of Employment Preferred: (Please Circle)      Temporary      Full-time      Part-time      Summer

Date available for employment? \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Ever been convicted for any crime, including sex-related or child abuse-related offenses? (Please Circle)      Yes      No

If yes, give charges, locations, dates and disposition. \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Presently Insured? (Please Circle)      Yes      No

## Education

High School: \_\_\_\_\_ Year Grad.: \_\_\_\_\_

Years completed: (Please Circle)      1      2      3      4

College: \_\_\_\_\_ Year Grad.: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Years completed: (Please Circle)      1      2      3      4      5

# Experience

(Start with present job and list each position held with that employer)

Employer's Name: \_\_\_\_\_ May we call Employer? (Please Circle) Yes      No

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

| <u>Dates Employed</u> | <u>Positions Held</u> | <u>Duties</u> | <u>Salary</u> | <u>Reason For Leaving</u> |
|-----------------------|-----------------------|---------------|---------------|---------------------------|
|                       |                       |               |               |                           |
|                       |                       |               |               |                           |

Employer's Name: \_\_\_\_\_ May we call Employer? (Please Circle) Yes      No

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

| <u>Dates Employed</u> | <u>Positions Held</u> | <u>Duties</u> | <u>Salary</u> | <u>Reason For Leaving</u> |
|-----------------------|-----------------------|---------------|---------------|---------------------------|
|                       |                       |               |               |                           |
|                       |                       |               |               |                           |

Employer's Name: \_\_\_\_\_ May we call Employer? (Please Circle) Yes      No

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

| <u>Dates Employed</u> | <u>Positions Held</u> | <u>Duties</u> | <u>Salary</u> | <u>Reason For Leaving</u> |
|-----------------------|-----------------------|---------------|---------------|---------------------------|
|                       |                       |               |               |                           |
|                       |                       |               |               |                           |

## Personal References

(Give three references, excluding relatives or former employees)

| <u>Name and Address</u> | <u>Telephone Number</u> | <u>Occupation</u> |
|-------------------------|-------------------------|-------------------|
|                         |                         |                   |
|                         |                         |                   |
|                         |                         |                   |

## Personal Viewpoint

List below why you want to work at Mini Texans. Include any special qualification you have that would lend in working with children. (Example: teaching, dance, baton, karate, music, crafts, etc.)

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## Medical History

Name of personal physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you presently have any handicaps that may impair your performance? \_\_\_\_\_

## Emergency Information

(Relative or friend to notify)

Name of person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Please Read Before Signing.

I hereby affirm that all facts and statements set forth by me on this employment application are complete and true to the best of my knowledge and belief. I also certify that I have not knowingly withheld any facts or information which, if disclosed, would unfavorably affect my application. I understand that falsified or misleading information may be cause for refusal of employment or immediate grounds for dismissal if employed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This application becomes void after 60 days unless renewed writing by the applicant.**