



# APPLICATION FOR EMPLOYMENT

Updated: 04/12/2021

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

**NOTICE: Drug, alcohol, and other background screenings are required for employment.**

## Personal Information

Name (Full Name: First, <u>Middle</u> , Last)		Today's Date	
Address		City	State
Day Phone Number	Mobile Number	Email Address	

## Position

Position You Are Applying For		Available Start Date	Desired Pay
Position Desired	Full Time Yes <input type="checkbox"/> No <input type="checkbox"/>	Part Time Yes <input type="checkbox"/> No <input type="checkbox"/>	Seasonal / Temporary Yes <input type="checkbox"/> No <input type="checkbox"/>

## Education

School Name	Location	Years Attended	Year Graduated	Higher Education: College, Location, and Degree

## Employment History

<b>Employer (1)</b>	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide phone number, if yes.		
<b>Employer (2)</b>	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip

Reason for leaving?

May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>		Provide phone number, if yes.	
<b>Employer (3)</b>	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for leaving?			

May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>		Provide phone number, if yes.	
<b>Employer (4)</b>	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for leaving?			

May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>		Provide phone number, if yes.	
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## Employment Questions

Are you able to meet the attendance requirements of a standard work week whether full- or part-time? Yes No
Are you able to work overtime if the workload requires it? Yes No
Can you travel if required by this position? Yes No
If you are under 18, can you provide a work permit if it is required? Yes No
How did you learn about this job? Yes No

## References

Person's Name	Title	Company	Phone

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand MOW-ET or its designee will complete searches as follows: through the DPS Criminal History Conviction and Texas Public Sex Offender databases; an Employability Status Check through the Texas Department of Aging and Disability Services specific to the Nurses' Aide Registry and Employee Misconduct Registry; a Motor Vehicle Report (if required for the job); the List of Excluded Individuals and Entities (LEIE) of both the U.S. and Texas Departments of Health and Human Services, Offices of Inspectors General, as well as a drug test. I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
	Date: