511 Main St. • PO Box 896 • Bandera, Texas 78003 • P: (830) 796-3765 • F: (830) 796-4247

Application for Employment

GENERAL INFORMATION

Name:	Phone Numbe	r:
Address:		
City:	State:	Zip code:
Email address:		
Are you legally entitled to work in the U.S.?	□ Yes □ No	
POSITION		
Position or type of employment desired:		
Will accept: □ Part-time □ Full-time	e 🗆 Temporary	
Are you able to preform the essential function accommodation? Yes No EDUCATION AND TRAINING	ons of the job you are	e applying for, with or without reasonable
High school graduate or General Education	Test (GED) passed?	□ Yes □ No
If no, are you currently attending high school	ol? □Yes □N	No.
Name:	Location:	·
College, Business School or Military (1	most recent first)	
Name:		Location:
Dates attended: From		to
Did you graduate? □ Yes □	No If yes, what was	s your degree?
Name:		_ Location:
Dates attended: From		_ to
Did you graduate? □Yes □1	No If yes, what was	s your degree?

Name:	Location:
Dates attended: From	to
Did you graduate? \square Yes \square No If yes, what v	was your degree?
Name:	Location:
Dates attended: From	toto
Did you graduate? \square Yes \square No If yes, what v	vas your degree?
Occupational Licenses, Certificates or Registrations	
Name:	Number:
Issued in:	Expiration date:
N.	
Name:	
Issued in:	Expiration date:
Name:	Number:
Issued in:	Expiration date:
Veteran Information	
Branch of service:	
Date of entry:	Date of discharge:
Languages read, written or spoken fluently other than English	;
Have you ever been convicted of a felony? (A felony conviction consideration.) \square Yes \square No	may not automatically exclude you from
If you answered yes to the previous question, please give date(s) of conviction(s) and explain.

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SPECIAL SKILLS List all pertinent skills and equipment that you can operate. WORK EXPERIENCE (most recent first) Employer: ______ Phone number: _____ Job title: _______to ______to Hours per week: _____ Last salary: ____ Specific duties: Reason for leaving: May we contact this employer? \square Yes \square No Employer: _____ Phone number: _____ Address: ___ Job title: _______to _____ Hours per week: _____ Last salary: ____ Supervisor: Specific duties: Reason for leaving: May we contact this employer? \square Yes □No Employer: ______ Phone number: _____ Job title: _______ from: ______ to _____ Hours per week: _____ Last salary: _____

Reason for leaving:			
May we contact this employer? \square Yes	s 🗆 No		
Employer:	Phone number:		
Address:			
Job title:	From:		to
Hours per week:	·	_ Last salary:	
Supervisor:			
Specific duties:			
Reason for leaving:			
May we contact this employer? \Box Yes	□ No		
y the information contained in this applicat atements reported on this application may			