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

Application for Employment

GENERAL INFORMATION

Name:	Phone Number: _	
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-tim	ne 🗆 Temporary	
Are you able to preform the essential function accommodation? Yes No EDUCATION AND TRAINING High school graduate or General Education If no, are you currently attending high school	n Test (GED) passed?	oplying for, with or without reasonable □ Yes □ No
Name:		
College, Business School or Military ((most recent first)	Location:
		0
Did you graduate? □ Yes □	No If yes, what was yo	our degree?
Name:	I	Location:
Dates attended: From	t	0
Did you graduate? □Ves □	No If wes what was w	our degree?

Name:	_ Location:
Dates attended: From	_to
Did you graduate? \Box Yes \Box No If yes, what was	s your degree?
Name:	_ Location:
Dates attended: From	_to
Did you graduate? \Box Yes \Box No If yes, what was	s your degree?
Occupational Licenses, Certificates or Registrations	
Name:	Number:
Issued in:	_ Expiration date:
Name:	Number:
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 n consideration.) \Box Yes \Box No	nay not automatically exclude you from
If you answered yes to the previous question, please give date(s)	of conviction(s) and explain.

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

Employer: _____ Phone number: ____

Job title: ________to ______

Hours per week: _____ Last salary: _____

	Reason for leaving:		
	May we contact this employer? $\hfill\Box$	Yes □No	
	Employer:		Phone number:
	Address:		
	Job title:	From: _	to
	Hours per week:		Last salary:
	Supervisor:		
	Reason for leaving:		
	May we contact this employer? \Box		
• •	the information contained in this appl	ication is true, corr	ect, and complete. I understand that, if emplo ufficient cause for dismissal.