



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Applicants are considered for employment without regard to race, color, sex, age, religion, national origin, citizenship, veteran status or mental or physical disability. EOE and DRUG FREE WORKPLACE

- ALL QUESTIONS MUST BE FULLY ANSWERED. IF A QUESTION IS NOT APPLICABLE, PLEASE INDICATE.
- EQUAL ACCESS TO EMPLOYMENT, SERVICES AND PROGRAMS IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY A REPRESENTATIVE OF THE ORGANIZATION.
- ANY APPLICANT PROVIDING INFORMATION OTHER THAN REQUESTED IN THE BODY OF THIS EMPLOYMENT APPLICATION WILL BE AUTOMATICALLY REJECTED.

DATE _____

PERSONAL INFORMATION

First Name _____ Middle _____ Last _____

Street and Number _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____ Best way to contact? _____

Driver's License No. _____ State Issued _____ Expiration Date _____

Are you authorized to legally work in the U.S.? Yes No Are you at least 18 years old? Yes No

JOB SPECIFICS Type of employment you are seeking (circle) - Temporary - Full-time - Part-time

What position are you applying for? (Be specific) _____ Location? _____

Salary desired _____ Least acceptable salary _____ Date available for work _____

Are you willing to work shift work (days, evenings, nights, rotating schedules, etc)? _____

Please indicate any hours, shifts or days you would not be available to work: _____

Are you willing to work overtime and/or split shifts? (circle) - Yes - No

MILITARY SERVICE Have you ever served in the armed forces of the U.S.? - Yes - No

Branch of Service _____ Rank on discharge _____ From: _____ To: _____

EDUCATION, TRAINING AND CERTIFICATIONS Please circle highest level attained

High School 9 10 11 12 G.E.D. Name used while attending (please print): _____

Name of School, City and State: _____

College or Trade School 1 2 3 4 5 6 Name used while attending (please print): _____

Name of School, City and State: _____

Degree and Major: _____ Attendance dates: From ____/____/____ To ____/____/____

- Describe any special qualifications/skills for this job: _____
- Do you have a Forklift and/or Crane Certification? Forklift Cert. Exp date: _____ Crane Cert. Exp date: _____
- List any professional or trade organizations which you consider relevant to your ability to perform the position for which you are applying: _____
- Languages spoken: _____

EMPLOYMENT HISTORY - PLEASE GIVE A COMPLETE RECORD OF ALL EMPLOYMENT, INCLUDING MILITARY, AND REASONS FOR PERIODS UNEMPLOYED. IF YOU HAVE BEEN SELF-EMPLOYED, LIST UP TO 5 MAJOR CLIENTS. LIST EMPLOYERS IN REVERSE ORDER, STARTING WITH MOST RECENT. NO "SEE RESUME" RESPONSES WILL BE ACCEPTED.

Last Employer	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reason for leaving:	Supervisor's name and title				
Describe duties briefly:		Starting salary:	Ending Salary			
Second to Last Employer	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reason for leaving:	Supervisor's name and title				
Describe duties briefly:		Starting salary:	Ending Salary			
Third to Last Employer	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reason for leaving:	Supervisor's name and title				
Describe duties briefly:		Starting salary:	Ending Salary			
Fourth to Last Employer	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reason for leaving:	Supervisor's name and title				
Describe duties briefly:		Starting salary:	Ending Salary			
Fifth to Last Employer	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reason for leaving:	Supervisor's name and title				
Describe duties briefly:		Starting salary:	Ending Salary			

EMPLOYMENT INFORMATION

May we contact your present employer? - Yes - No If not, please explain why you do not wish us to make contact ____

Why are you seeking a new position at this time? _____

APPLICATION DATA

How did you find out about this job? _____

List any acquaintances or relatives employed by this company _____

If listed please notify status Acquaintance Relative: relationship _____

Have you ever been discharged or asked to resign from any position Yes No

If yes, please describe _____

Have you ever pled guilty, no contest or been convicted of a crime? Yes No

If yes, please explain date, nature and place of ALL offenses. **(NOTE: Conviction of a crime or the existence of a criminal record does not constitute an automatic bar to employment.)**

City/State: _____ Date: _____ Nature: _____

City/State: _____ Date: _____ Nature: _____

City/State: _____ Date: _____ Nature: _____

REFERENCES - (other than relatives or former employers)

	Name	Address	Telephone Number	Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of the information contained in this application from all previous employers, educational institutions, and references. I also hereby release from all liability the potential employer and its representatives from seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I also acknowledge that this application does not constitute an agreement or contract of employment and no representative of my employer has the authority to enter into any employment agreement contrary to the foregoing.

I hereby agree and understand that as a condition of my employment or continued employment, I may be required to submit to a physical examination, urine testing, or other tests or examinations upon request of my employer if such is not prohibited by applicable law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature _____ **Date** _____



RELEASE AUTHORIZATION FORM

By my signature below, I, _____, consent to the release of consumer reports and/or investigative consumer reports to Texas First Industrial Corporation in conjunction with my employment and/or job application. I also authorize disclosure to Texas First Industrial Corporation and/or to the background check vendor of information concerning my employment history, earning history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information Texas First Industrial Corporation deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; motor vehicle records agencies; and other applicable sources.

I hereby release and hold the vendor and Texas First Industrial Corporation, its officers, directors, employees, and trustees harmless from any and all liability with respect to the consumer reports, investigative consumer reports, investigations, verifications, and/or the use of any information relevant to my employment. I understand that if Texas First Industrial Corporation hires me, my consent will apply throughout my employment to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to Texas First Industrial Corporation, Office of Human Resources. I also understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during, or after my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

This Release Authorization form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by Texas First Industrial Corporation. I understand that providing any false information or omitting any material information on my application materials or in the interview process will be sufficient grounds for rejection of the application, or termination of employment whenever discovered.

Please Print Full Name (Including Middle/Maiden)

Social Security Number

Date of Birth – **MONTH AND DAY ONLY** (For Identification Purposes)

Signature

Date