

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

				DATE
				SOCIAL SECURITY NUMBER
NAME		LAST	FIRST	MIDDLE
PRESENT ADDRESS				
		STREET	CITY	STATE
PERMANENT ADDRESS				
		STREET	CITY	STATE
PHONE NO.	ARE YOU 18 YEARS OR OLDER			Yes <input type="checkbox"/> No <input type="checkbox"/>

LAST

## SPECIAL QUESTIONS

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A **BOX PRECEDING** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION. OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches \_\_\_\_\_       Citizen of U.S. \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Weight \_\_\_\_\_ lbs.       Date of Birth \_\_\_\_\_

What Foreign Languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

TEXAS DRIVER'S LICENSE # \_\_\_\_\_

FIRST

-The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

MIDDLE

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

-The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
--------------------------------	------	--

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?  YES  NO

PLEASE DESCRIBE:

IN CASE OF EMERGENCY  
NOTIFY

NAME

ADDRESS

PHONE NO.

" I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY. PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

HIRED:  YES  NO

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any Questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

**RELEASE OF MOTOR VEHICLE RECORDS**

*(AUTORIZACION PARA OBTENER EL RECORD DE VEHICULOS DE MOTOR)*

By my signature below, I Acknowledge that I have been informed, by the management of Harris County F.W.S.D. No. 61, that they will obtain copies of my Motor Vehicle Records from any state wherein I am or have been a licensed driver at any time.

*Con mi firma abajo, acepto que he sido informado por los directores de Harris County F.W.S.D. No. 61, que ellos obtendran copias de mis archivos de vehiculos de motor de cualquier estado en el cual aiga tenido o tenga licencia de manejo en cualquier tiempo.*

I further acknowledge that I have been informed that these records will be used to determine my eligibility for employment, either to be hired or to continue employment, by Harris County F. W.S.D. No. 61.

*Aun mas acepto que he sido informada que estos records seran usados para determinar mi elijivilidad para ser empleado, ya sea para ser o cupado o continuar trabajundo para Harris Comlty F. W.S.D. No. 61.*

Any information contained in this Motor Vehicle Record may be revealed to any person or persons that may have good cause to need this information.

*Cualquier informacion contenida en este record do vehiculo de motor, podra ser rebelada a cualquier persona o personas que tegan causa o buena razon para recibir esta informacion.*

Management of Harris County F.W.S.D. No. 61, will have sole authority without recourse to determine the acceptability of any information contained in my Motor Vehicle Record.

*Los Direstores de Harris County F. W.S.D. No. 61, tendran complela autoridad y sin ningun recurso a determinar informacion acceptable contenu en mi archivo de vehiculo de motor.*

I have been given an opportunity to ask questions, and have received clarification and fully understand the implication of this authorization.

*Se me ha dado la oportunidad de acer preguntas y he recibido clarification y entiendo completamente las implicacionis de esta autorizacion.*

Harris County F.W.S.D. No. 61, has no liability for any action taken due to information contained on said Motor Vehicle Record should such information be in error.

*Harris County F.W.S.D. No.61 . no es responsable por ninguna acion tomada en base a la informacion contenida en mi archivo de vehiculo de motor, si alguna de esa informacion esta en error.*

Completion of the form does not constitute automatic coverage, please review your policy coverage and conditions relating to covered drivers.

\_\_\_\_\_  
Date:(Fecha)

\_\_\_\_\_  
Social Security Number (Numero de seguro social)

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Texas Drivers License No.:

\_\_\_\_\_  
Employee Signature (Firma del Empleado)

\_\_\_\_\_  
Print Name (Nombre en letra de molde)

\_\_\_\_\_  
Signature of Employer's Representative (Firma del representante del empleador )