



605 N. MAPLE, P.O. BOX 370
 MUENSTER, TX 76252
 PHONE (940) 759-2271
 FAX 940-759-2383

Employment Application

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address			Apartment #		
City		State	ZIP		
Mailing Address			Apartment #		
City		State	ZIP		
Phone		E-mail Address			
Date Available		Desired Salary			
Position of Interest					
Are you looking for	Full Time <input type="checkbox"/>	Part Time/PRN <input type="checkbox"/>	Temporary <input type="checkbox"/>		
Shift Preference	Days <input type="checkbox"/>	Nights <input type="checkbox"/>	Evenings <input type="checkbox"/>	Weekends <input type="checkbox"/>	
Are you over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If applicable, identify all other names including maiden name		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever filed an application with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Do any of friends or relatives work here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?		
Have you ever been convicted of a crime or received a verdict other than not guilty?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Have you ever been involved in substantiated abuse or neglect of children or adults in any state of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Are you able to perform all essential, job-related function of the position with or without reasonable accommodations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
How were you referred to our District?					
EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Professional License		Number			
From	To	State			
Has license ever been suspended, revoked, on probation or had stipulations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Professional Certification	From			To	
Professional Certification	From			To	
Professional Certification	From			To	

EMPLOYMENT HISTORY

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
			\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?			
		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
			\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?			
		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
			\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?			
		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
			\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?			
		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
			\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?			
		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: *Explain gaps in employment and/or any past experience not listed above that would qualify you for this position.*

MILITARY SERVICE		
Branch	From	To
Rank at discharge	Type of Discharge	
If other than honorable, explain.		
REFERENCE: PLEASE LIST THREE PROFESSIONAL REFERENCES.		
Full Name	Relationship	
Company	Phone	
Full Name	Relationship	
Company	Phone	
Full Name	Relationship	
Company	Phone	
DISCLAIMER AND SIGNATURE		
<p>I certify that all of the statements made by me on the employee application are true and complete to the best of my knowledge. I understand that any false statement or misleading omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds of rejections as a candidate or immediate discharge. I acknowledge that consideration for employment is contingent on the result of the employment screening process including medical exam, criminal, employment, and drug screening. In addition, I give my consent to all contacted persons including former employers to provide information and I release all persons from liability on account of such disclosures. I also understand that my employment is on an at-will basis, and that neither I nor any Company representative have entered into a contract regarding the terms or the duration of employment. As an at-will employee, I am free to terminate my employment at any time, with or without cause or advance notice. Likewise, the Company will have the right to reassign me, to change my compensation, or to terminate my employment at any time, with or without cause or advance notice.</p>		
Signature	Date	

EMPLOYER SELECTION			
INTERVIEWED BY	DATE		
PERSONNEL NOTES			
HIRED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	START DATE:
DEPARTMENT	POSITION		
JOB STATUS	FULL TIME <input type="checkbox"/>	PRN <input type="checkbox"/>	EXEMPT <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/>
STARTING PAY	DIFFERENTIAL	SHIFT	