



POSITION APPLIED FOR: _____

APPLICANT TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

TEXAS DRIVERS LICENSE NUMBER: _____

EMPLOYMENT APPLICATION

LAST NAME: _____ FIRST: _____ MIDDLE: _____

STREET ADDRESS: _____ CITY, STATE, ZIP: _____ CELL NUMBER: _____

EMAIL ADDRESS: _____ ARE YOU OVER 18 YEARS OF AGE: _____ YES _____ NO WHEN WOULD YOU BE ABLE TO START: _____

HOW DID YOU HEAR OF HYSMITH'S: _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

EDUCATION:

HIGH SCHOOL: _____ DID YOU GRADUATE? _____ YES _____ NO

COLLEGE/UNIVERSITY: _____ DID YOU GRADUATE? _____ YES _____ NO

BUSINESS/TECHNICAL: _____ DID YOU GRADUATE? _____ YES _____ NO

MILITARY SERVICE: _____ DUTY/SPECIALIZED TRAINING: _____

OTHER: _____

REFERENCES: LIST TWO PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER SUPERVISORS.

NAME: _____ ADDRESS: _____ YEARS KNOWN: _____

NAME: _____ ADDRESS: _____ YEARS KNOWN: _____

EMPLOYMENT: LIST LAST EMPLOYMENT FIRST, INCLUDE SUMMER OR TEMPORARY JOBS. BE SURE ALL YOUR EXPERIENCE OR EMPLOYERS RELATED TO THIS JOB ARE LISTED HERE, IN THE SUMMARY (FOLLOWING THIS SECTION), OR USE AN EXTRA SHEET OF PAPER IF NECESSARY.

EMPLOYER NAME & ADDRESS:

POSITION TITLE/DUTIES SKILLS

SUPERVISOR'S NAME & TELEPHONE NUMBER:

DATES EMPLOYED: TO AND FROM

REASON FOR LEAVING:

EMPLOYER NAME & ADDRESS:

POSITION TITLE/DUTIES SKILLS

SUPERVISOR'S NAME & TELEPHONE NUMBER:

DATES EMPLOYED: TO AND FROM

REASON FOR LEAVING:

1210 380 BYPASS GRAHAM TEXAS 76450

940.521.0294

EMPLOYER NAME & ADDRESS:

POSITION TITLE/DUTIES SKILLS

DATES EMPLOYED: TO AND FROM

SUPERVISOR'S NAME & TELEPHONE NUMBER:

REASON FOR LEAVING:

EMPLOYER NAME & ADDRESS:

POSITION TITLE/DUTIES SKILLS

DATES EMPLOYED: TO AND FROM

SUPERVISOR'S NAME & TELEPHONE NUMBER:

REASON FOR LEAVING:

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

DO NOT CONTACT & REASON:

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNDED OR SEALED BY A COURT? _____ YES _____ NO

IF YES, PLEASE DESCRIBE IN FULL:

THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE. IF EMPLOYED, ANY MISSTATEMENTS OR OMISSIONS OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL. I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE.

IF YOU DECIDE TO ENGAGE AN INVESTIGATIVE CONSUMER REPORTING AGENCY TO REPORT ON MY CREDIT AND PERSONAL HISTORY, I AUTHORIZE YOU TO DO SO.

IF A REPORT IS OBTAINED YOU MUST PROVIDE, AT MY REQUEST, THE NAME AND ADDRESS OF THE AGENCY SO I MAY OBTAIN FROM THEM THE NATURE AND SUBSTANCE OF THE INFORMATION CONTAINED IN THE REPORT.

SIGNATURE: _____ DATE: _____