

APPLICANT TO COMPLETE

(answer all questions – please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City/State/Zip Code

Home Phone () _____ Cell Phone() _____ How Long? _____
Yr/Mo

Emergency Contact Name _____ Phone () _____

Previous _____ How Long? _____
Addresses Street City/State/Zip Code Yr./Mo.

_____ How Long? _____
Street City/State/Zip Code Yr./Mo.

_____ How Long? _____
Street City/State/Zip Code Yr./Mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____/_____/_____ Can you provide proof of age? _____
(Required for Background Check)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? _____
If yes, please explain fully on a separate sheet of paper.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? _____
If yes, please explain fully on a separate sheet of paper.

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

Last School Attended _____

EMPLOYMENT HISTORY

(NOTE: List employers in reverse order starting with the most recent. Add additional sheet(s) as necessary.)

EMPLOYER			DATE			
Name			From		To	
			Mo.	Yr.	Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary/Wage			
Contact Person		Phone Number	Reason for Leaving			

EMPLOYER			DATE			
Name			From		To	
			Mo.	Yr.	Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary/Wage			
Contact Person		Phone Number	Reason for Leaving			

EMPLOYER			DATE			
Name			From		To	
			Mo.	Yr.	Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary/Wage			
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EMPLOYER			DATE			
Name			From		To	
			Mo.	Yr.	Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary/Wage			
Contact Person		Phone Number	Reason for Leaving			

I affirm that the facts set forth in my application are true and complete and that any false statements are grounds for dismissal. I have read, understand, and agree to comply with all policies and procedures of Hill Country Staffing Company.

SIGNATURE OF APPLICANT _____ DATE _____