

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the Application and / or interview process should notify a representative of the Human Resources Department.

Work Location: Disability Resources, Inc. Date of Application: _____

Position (s) applied for: _____ Work Code: _____ Date Available for Work: _____

Name: _____ Social Security #: _____
 LAST FIRST MIDDLE

Address: _____
 STREET CITY STATE ZIP CODE

Telephone #: () _____ Mobile/ Beeper/Other Phone #: () _____ e-mail address: _____

Driver's license number (if required by position applied for): _____ State _____ Restrictions _____

Driver's license expiration date: _____

Emergency Contact Name: _____ Relationship: _____ Telephone No. _____

If you are under the age of 18, and it is required, can you furnish a work permit? Yes No

I am certifying that I am able to perform the essential function of the job, for which I applying, with or without reasonable accommodation, as described to me during the application process and through any printed material made available to me. Yes No

Have you ever been employed here before? If yes, give dates and positions. _____

Are you legally eligible for employment in this country? _____

Type of employment desired. Full time Part Time Temporary Seasonal Education Co-Op

Are you able to meet the attendance requirements of the position..... Yes No

Have you ever plead "guilty" or "no contest" to, or been convicted of a felony? Yes No

If yes, please provide date (s) and details. _____

ANSWERING YES TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Employment History

Provide the following information of your past two (2) employers, starting with the most recent.

| From | To | Employer | Telephone Number () |
|-------------------------------|----|--|----------------------|
| Starting Salary and Job Title | | Address | |
| Immediate Supervisor | | Summarize the nature of the work performed and job responsibilities. | |
| Reason for Leaving | | | |

| From | To | Employer | Telephone Number () |
|-------------------------------|----|--|----------------------|
| Starting Salary and Job Title | | Address | |
| Immediate Supervisor | | Summarize the nature of the work performed and job responsibilities. | |
| Reason for Leaving? | | | |

Skills and Qualifications

Summarize any training, skills, license and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying.

Education Background

| Name and Location | Number of years Completed | Did you graduate? | Course of Study |
|-------------------|---------------------------|-------------------|-----------------|
| HIGH SCHOOL | | | |
| COLLEGE | | Major Degree | |
| OTHER | | | |

Business References

| Name | Telephone Number | Number of Years Known |
|------|------------------|-----------------------|
| | | |
| | | |
| | | |

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that consideration for employment is conditioned upon the results of a reference check, and that the company Disability Resources, Inc. is authorized to investigate all statements by the applicant upon the application and to contact former employers and references.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause (1) to cancel further consideration of this application or (2) immediate discharge from the employer service, whenever it is discovered.

I understand that a drug test may be required after an offer of employment has been made as a condition of employment.

I understand that this application will remain current for only 60 days.

I understand that I am an "at will" employee, that either I or the employer can terminate my employment for any reason, with or without notice or cause.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete a DHS Employment Eligibility Verification Form.

This agreement supersedes any and all agreements, written or oral, regarding your employment. Your employment will be governed by the laws of Texas.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENTS.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL OF THE FOREGOING APPLICANT STATEMENTS.

Signature of Applicant _____ Date ____/____/____.

