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: <u>Disability Resources, Inc.</u>			Date of Application:	
Position (s) applied for:	Work Cod	le:	Date Available for Wor	k:
Name:LAST		Social	Security #:	
LAST	FIRST	Social MIDDLE		
Address:STREET	CITY		STATE	ZIP CODE
Telephone #: () M	lobile/ Beeper/Other Phone #: [e-mail address:	
Driver's license number (if required by pos	sition applied for):	State	Restrictions	
Driver's license expiration date:				
Emergency Contact Name:	Relatio	onship:	Telephone No	
If you are under the age of 18, and it is req	uired, can you furnish a work perm	nit? Yes	No 🗌	
I am certifying that I am able to perform the during the application process and thro			rith or without reasonable a	ecommodation, as described to
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.	ne Part Time Temporary	Seasonal	Education Co-Op	
Are you able to meet the attendance requir	ements of the position		Yes No]
Have you ever plead "guilty" or "no conte	st" to, or been convicted of a felon	y? Yes 🗌 N	· 🗆	
If yes, please provide date (s) and details.				1.11.11.11.11
ANSWERING YES TO THESE QUESTION THE OFFENSE, SERIOUSNESS AND NAT ACCOUNT.				
Employment History Provide the following information of your	past two (2) employers, starting w	ith the most recent.		
From To	Employer		Telephone Number ()
Starting Salary and Job Title	Address			
Immediate Supervisor	Summarize the nature of the wor	rk performed and jo	b responsibilities.	
Reason for Leaving				
From To	Employer		Telephone Number (
From To Starting Salary and Job Title	Employer Address		relephone mumber (. ,
Starting Salary and Job Title	Audress			
Immediate Supervisor	Summarize the nature of the wor	rk performed and jo	b responsibilities.	
Reason for Leaving?				

Skills and Qualifications Summarize any training, skills, license and/or you are applying.	certifications that may qualify you	as being able to perform job-related functions in the position for which
Education Background		
Name and Location Number of Complete		Course of Study
HIGH SCHOOL		
COLLEGE	Major Degree	
OTHER		
Business References Name	Telephone Number	Number of Years Known
consideration for employment is conditioned investigate all statements by the applicant upon I understand that any information provided by	t upon the results of a reference chan the application and to contact form by me that is found to be false, inco	mplete, or misrepresented in any respect will be sufficient cause (1) to
cancel further consideration of this application		
I understand that a drug test may be required a I understand that this application will remain		n made as a condition of employment.
• •		ninate my employment for any reason, with or without notice or cause.
I also understand that if I am hired, I will be immigration laws require me to complete a D	e required to provide proof of identi HS Employment Eligibility Verifica	ty and legal authorization to work in the United States and that federal ion Form.
This agreement supersedes any and all agreer	nents, written or oral, regarding you	employment. Your employment will be governed by the laws of Texas.
DO NOT SIGN UNTIL YOU HAV	TE READ THE ABOVE AP	PLICANT STATEMENTS.
I CERTIFY THAT I HAVE READ, FULLY	UNDERSTAND AND ACCEPT A	L OF THE FOREGOING APPLICANT STATEMENTS.
Signature of Applicant		Pate

Disability Resources, Inc. AUTHORIZATION FOR CONSENT FOR RELEASE OF INFORMATION

(PLEASE READ CAREFULLY)

I hereby authorize my employer and any of its agents / designated company personnel, to disclose orally and in writing, the results of this verification process and to interview the designated authorized representative of this company.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, personal references, and other organizations and agencies to provide my employer with all information that may be requested, and to conduct a verification, as deemed necessary by this company to fulfill the job requirements, with regards to my past work history, motor vehicle records, credit history, workers' compensation insurance claims as allowed by FCRA, BEOC and ECOA, and to receive any criminal history record information pertaining to which may be in the files of any Federal, State or Local criminal justice agency in Texas or any other states. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representative of the company and its clients.

I do hereby agree to forever release, and indemnify my employer and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expense, or any other charge of complaint with any agency arising from the retrieving and reporting of information.

information.				
Name: Printed Name		Signature		
DOB:				
Social Security Number:	Maide	n Name:		
Address:				-
	25			
Name of the Control o		FICE USE ONLY		
SEARCH REQUESTED:	CRIMINAL List Counties	CIVIL List Counties		
SOCIAL SECURITY TRACE:				
CREDIT:				
EMPLOYMENT:				
MVR:				
OTHER:				