

# Application for Employment

**Louis Shanks** of Texas, Inc.

P.O. Box 10448  
Austin, Texas 78766

PLEASE PRINT

POSITION APPLIED FOR	DATE OF APPLICATION
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LAST NAME	FIRST NAME	MIDDLE	
PRESENT ADDRESS	CITY	STATE	ZIP
PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT PRESENT)	CITY	STATE	ZIP
TELEPHONE (HOME) (      )	Cell Phone (      )		
DRIVERS LICENSE NUMBER	STATE	TYPE	Class A Class B Class C

TYPE EMPLOYMENT DESIRED    •FULL TIME    •PART TIME    •TEMPORARY	DATE AVAILABLE FOR WORK.    ____/____/____
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?    •YES    •NO	HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?    •YES    •NO
HAVE YOU EVER BEEN EMPLOYED AT LOUIS SHANKS BEFORE?    •YES    •NO	IF SO, WHY DID YOU LEAVE? _____
ARE YOU EMPLOYED NOW?    •YES    •NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?    •YES    •NO
DURING THE LAST SEVEN YEARS, HAVE YOU EVER BEEN CONVICTED OF, OR HAVE YOU PLEADED GUILTY OR NO CONTEST ( <i>nolo contendere</i> ) TO, A FELONY OFFENSE?    •YES    •NO	IF YES, PLEASE EXPLAIN _____

## Educational Background

Name and Location	No. of Years Attended	Did you Graduate?	Course of Study
High School		•YES    •NO	
College		•YES    •NO	Degree                      Major
Other		•YES    •NO	

## References

Name	Telephone	Business/Relationship	Years Known
	Area Code (      )		
	Area Code (      )		
	Area Code (      )		

## Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

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AN EQUAL OPPORTUNITY EMPLOYER

## Employment History

List your last four (4) employers, assignments or volunteer activities starting with the most recent, including military experience.

From (Date)	To (Date)	Employer	Telephone ( )
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Start \$                      per                      Final \$                      per	
From (Date)	To (Date)	Employer	Telephone ( )
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Start \$                      per                      Final \$                      per	
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Job Title		Address	
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Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Start \$                      per                      Final \$                      per	

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information. If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_