



**APPLICATION FOR EMPLOYMENT**

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.**

*(PLEASE PRINT)*

Last Name	First Name	Middle Initial
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		Social Security Number

Position(s) Applied For	Wage/Salary Expected
-------------------------	----------------------

How did you learn about us?

Advertisement                       Walk In  
 Texas Workforce Commission    Employee Referral \_\_\_\_\_

Are you at least 18 years of age? (21 for applicants seeking a driving position)  Yes    No

Have you been employed with us before?  Yes    No  
 If yes, what dates: \_\_\_\_\_

Do we employ any of your relatives?  Yes    No  
 If yes, Name \_\_\_\_\_ Location \_\_\_\_\_ Relationship \_\_\_\_\_

Once employed, can you submit verification of your legal right to work in the U.S.?  
*(Such verification will be required upon employment)*  Yes    No

Are you currently employed?  Yes    No

On what date will you be available for work? Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you available to work:       Full Time       Part Time       Shift Work       Temporary  
     Overtime       Evening       24-Hour Call       Nights

Have you ever been convicted of a felony?  Yes    No  
*(Conviction will not necessarily disqualify an applicant from employment)*

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

List jobs chronologically starting with your present or last job and end with your first job. Your employment history should be complete.

**May we contact your present employer?**       Yes     No

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

**If you need additional space, please continue on a separate sheet of paper.**

## EDUCATION, SKILLS AND MILITARY SERVICE

Schools	Name	Location	Years Completed	Graduate		Year	Degree	Major Subjects
				Yes	No			
High School								
College								
Graduate								
Other								

List any scholastic honors you received and/or professional organizations in which you are active.

### ADDITIONAL INFORMATION

List references familiar with your employment history.

Name	Position
Address	Phone #

Name	Position
Address	Phone #

Name	Position
Address	Phone #

### Applicants Statement

I hereby certify that answers given herein are true and complete to the best of knowledge. I understand and agree that any falsified answer or omission may disqualify me from consideration for employment.

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

\_\_\_\_\_  
**Date**

### Authorization for Release of Information

I, \_\_\_\_\_, hereby authorize any investigator or duly accredited representative of KWS Manufacturing Co. Ltd. bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information release is for official use by KWS Manufacturing Co. Ltd. and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

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

\_\_\_\_\_  
**Date**