

UCAS-McAllen

UCAS-Naco-Perrin

UCAS-Hrg.

UCAS-Jamar

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

NAME: \_\_\_\_\_ S.S.# \_\_\_\_\_ DATE: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE NO. (\_\_\_\_\_) \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES \_\_\_ NO \_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S. ? YES \_\_\_ NO \_\_\_

### SPECIAL QUESTIONS

- What Foreign Languages do you speak fluently \_\_\_\_\_ Read \_\_\_ Write \_\_\_
- Have you been convicted of a felony or misdemeanor within the last 5 years? Yes \_\_\_ No \_\_\_  
Describe: \_\_\_\_\_
- Do you have a Cosmetology license for the state of Texas? Yes \_\_\_ No \_\_\_
- Do you have an Instructors License for the state of Texas? Yes \_\_\_ No \_\_\_
- Do you have you continuing Education Hours? Yes \_\_\_ No \_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_  
 ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRER WITH YOUR PRESENT  
 EMPLOYER? YES \_\_\_ NO \_\_\_ EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_  
 WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

### EDUCATION

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSS.OR CORRESPONDENCE SCHOOL				

**GENERAL**

SUBJECT OR SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

US MILITARY OR  
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN  
NATIONAL GUARD RESERVES

**FORMER EMPLOYER(S) (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	BUSINESS	YEARS ACQUAINTED
FROM- TO-				
FROM- TO-				
FROM- TO-				

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOW AT LEAST ONE YEAR

NAME	ADDRESS	BUINESS	YEARS ACQUAINTED
1			
2			
3			

**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FORM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDRED?     YES     NO IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED FLASIFIED STATEMENTS ON THIS APPLICATION SHALL BE GOUNDS FOR DISMISAL.

I AUTHORIZED INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCE LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERING MY PREVIOUS EMPLOYMENT AND ANY IMPORTANT INFORMATION THYE MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT IF HIRED MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

HIRED:     YES     NO POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

SALARY WAGES: \_\_\_\_\_ DATE REPORTING TO WORK: \_\_\_\_\_

TRAINING FROM: \_\_\_\_\_ TO \_\_\_\_\_ CORPORATE OFFICE

APPROVED 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

PRES./CEO/ OR CORP. DIRECTOR CLINIC DIRECTOR EX. DIRECTOR

This form has been designated to strictly comply with state and Federal fair employment practice laws prohibiting employment discrimination. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied.