



**Application for Employment**

**Personal Information:**

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Present Address \_\_\_\_\_

Apartment No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Permanent Address \_\_\_\_\_

Apartment No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Previous Address (If less than 3 years) \_\_\_\_\_

Apartment No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ (Phone #) \_\_\_\_\_

Are you 18 years or older?  Yes  No

Are you legally authorized to work in the U.S.?  Yes  No

**Desired Employment:**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now?  Yes  No

If so, may we inquire your present employer?  Yes  No

Ever applied to this company before?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of last supervisor at this company \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

**Education:**

High School

Name and Location \_\_\_\_\_

No. of years attended \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Subjects studied \_\_\_\_\_

College

Name and Location \_\_\_\_\_

No. of years attended \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Subjects studied \_\_\_\_\_

Trade, Business, or Correspondence School

Name and Location \_\_\_\_\_

No. of years attended \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Subjects studied \_\_\_\_\_

**General:**

Subjects of special study or research work \_\_\_\_\_

\_\_\_\_\_

Special training, certifications, licenses \_\_\_\_\_

\_\_\_\_\_

Special skills, foreign languages, etc. \_\_\_\_\_

\_\_\_\_\_

**Former Employers:**

Below, list your last three employers starting with the most recent.

Name of present or last employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_



Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_ May we contact your supervisor?  Yes  No

Name of supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

Description of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Name of previous employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_ May we contact your supervisor?  Yes  No

Name of supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

Description of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\*\*\*\*\*

Name of previous employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_ May we contact your supervisor?  Yes  No

Name of supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

Description of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**References:**

List four professional references whom we may contact.

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

4. Name \_\_\_\_\_ Address \_\_\_\_\_

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Service Record:**

Have you ever served in the U.S. armed forces?  Yes  No Branch of Service \_\_\_\_\_

Discharge Date \_\_\_\_\_ Rank \_\_\_\_\_

**Authorization:**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.”

“I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.”

“I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

“This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature \_\_\_\_\_ Date \_\_\_\_\_



## AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, \_\_\_\_\_, hereby authorize Texas Energy & Automation Management Solutions, Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Texas Energy & Automation Management Solutions, Inc. may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name – Printed

\_\_\_\_\_  
Driver License # & State



## Authorization and Release of DMV Records

I understand that driving a Company vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow T.E.A.M. Solutions, Inc. to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a T.E.A.M. Solutions, Inc. vehicle (or my own vehicle, if I am required to drive) after I am hired. I agree to obtain a Driver's license prior to hire if I do not already have one.

I understand that T.E.A.M. Solutions, Inc. will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release T.E.A.M. Solutions, Inc., its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name – Printed

\_\_\_\_\_  
Driver License # & State