

APPLICATION FOR EMPLOYMENT

1744 S. Seguin Ave. New Braunfels, TX 78130 Main Office: (830) 625-2381 ext. #4

NEW BRAUNFELS - LA VERNIA - SEGUIN - MILL

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, national orgin, disability or veteran status.

Last Name	First	Mid	ddle	Date		-	
Present Address	(street)			Social Security	, No.	_	
Present Address	(city, state, zip)			Phone #		-	
*Are you 18 ye	ears or older? Yes	☐ No	*Are you legally eligible	for employment in tl	ne U.S.? Yes	No	
EMPLOYI	MENT DESIRED	- Location (cl	neck all that apply)	□ NB □ LV	SEGUIN MII	<u>.L</u>	
Position Desired		Ехр	ected Pay	When ca	n you begin work?	-	
Have you been	n employed or applied w	ith us before?	Yes No	If yes, list	month/year		
Are you employe	ed now? Yes No			es, may we contact yo	our present employer?	☐ Yes ☐ No	
<u>Full Time</u>	Part Time MONDAY	Are you a student IN:	Yes No (If a s	tudent, or applying for part IN:	e-time, please provide us with OUT:	available hours)	
	TUESDAY	IN:	OUT:	IN:	OUT:		
	WEDNESDAY	IN:	OUT:	IN:	OUT:		
	THURSDAY	IN:	OUT:	IN:	OUT:		
	FRIDAY	IN:	OUT:	IN:	OUT:		
	SATURDAY	IN:	OUT:	IN:	OUT:		
EDUCATI				# OF YRS			
СО	NAME/LO	CATION	COURSE OF STUDY	COMPLET	ED DEGREE		
	DLLEGE						
	I SCHOOL						
0	OTHER						
	MENT HISTORY			-time and part-time em	ployment. Begin with mo	st recent employer.	
Previous employ	ers may be contacted unle	ess you indicate othe	erwise.				
NAME	E OF <u>FIRST</u> MOST RECENT COM	1PANY		WHEN EMPLOYED (MON	TH AND YEARS)		
ADDR	ADDRESS TELEPHONE						
SUPER	RVISOR'S NAME			WEEKLY PAY			
JOB TI	ITLE/DESCRIBE WORK		REASON FOR LEAVING				

NAME OF SECOND	NAME OF <u>SECOND</u> MOST RECENT COMPANY		TELEPHONE			
ADDRESS	ADDRESS SUPERVISOR'S NAME					
SUPERVISOR'S NA			WEEKLY PAY			
JOB TITLE/DESCRI	JOB TITLE/DESCRIBE WORK		REASON FOR LEAVING			
NAME OF <u>THIRD</u> N	OST RECENT COMPANY		WHEN EMPLOYED (MONTH AN	ID YEARS)		
ADDRESS	ADDRESS		TELEPHONE			
SUPERVISOR'S NA	ME		WEEKLY PAY			
JOB TITLE/DESCRIE	JOB TITLE/DESCRIBE WORK		REASON FOR LEAVING			
	ERENCES LIST 3 REFE	ERENCES NOT RELATED TO YOU ADDRESS	TELEPHONE #	YEARS ACQUAINTED?		
	formation provided in th	is application is true and acc		ation. wledge and understand that any lication of dismissal from subsequent		
references listed in this a confidential. This informa achievement, performan direct the references list Cooperative Marketing A	pplication relating to my ation may include, but is ce, experience, attendan ed in this employment ap association. I understand	ractivities or employment, in not limited to, the circumstrace, character, personal histopolication to release such inf that the information release	ncluding information that manners under which I left my pory, and disciplinary records. Formation upon request by a	previous employment, my By means of this authorization, I Prepresentative of Producers Producers Cooperative Marketing		
nny liability for damages		account of compliance, or		es of the reference or employer, from hthis authorization, including, but no		
ermination, concerning	my previous employmen		tion they may have, persona	agreements, non-renewals, or all or otherwise, and release all such		
"I UNDERSTAND AN	ID AGREE THAT I WILL	RECEIVE NO FURTHER REI APPLICATION		CONSIDERATION IS GIVEN TO MY		
ignature of Applicant			Date			