Employment Application

Please complete the entire application.

1. Employer Information

Employer: Granzin's Meat Market Address: 1644 Mcqueeney Rd

City/State/ZIP: New braunfels, Texas 78130

Telephone: 8306253510

2. Applicant Information

It is the policy of Granzin's Meat Market to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Home Address:		
		_
Number of years at this addre		
Daytime Phone:	Evening Phone:	
Mobile Phone:		
	per):	
3. Emergency Contact		
3. Emergency Contact Who should be contacted if you Contact Name:	u are involved in an emergency?	
3. Emergency Contact Who should be contacted if you Contact Name:	u are involved in an emergency?	
3. Emergency Contact Who should be contacted if you Contact Name: Relationship to you:	u are involved in an emergency?	
3. Emergency Contact Who should be contacted if you Contact Name: Relationship to you: Address:	ou are involved in an emergency?	
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3. Emergency Contact Who should be contacted if you Contact Name: Relationship to you: Address: City/State/ZIP: Daytime Phone:	u are involved in an emergency?	

7. Are you at least 18 years old? Yes	s No
8. How will you get to work?	
9. Are you willing to work any shift, including If no, please state any limitations:	
10. If you are offered employment, when wou	ld you be available to begin work?
11. Have you ever been convicted of a felony	or misdemeanor?
Yes, I was convicted of	on (state)
(date) in(city),	(state)
No	
THE EXISTENCE OF A CRIMINAL REC	
EMPLOYMENT.	UNLESS RELEVANT TO THE TYPE OF
	INLESS RELEVANT TO THE TYPE OF
EMPLOYMENT. 12. Applicant's Skills Check those skills that you have. List any other seeking. Enter the number of years of experience.	
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EMPLOYMENT. 12. Applicant's Skills Check those skills that you have. List any othe seeking. Enter the number of years of experier ability for each particular skill. (One represents ability.) Skill	er skills that may be useful for the job you are nee, and circle the number that corresponds to your spoor ability, while five represents exceptional Ability or Years of Experience Rating
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EMPLOYMENT. 12. Applicant's Skills Check those skills that you have. List any othe seeking. Enter the number of years of experier ability for each particular skill. (One represents ability.) Skill	er skills that may be useful for the job you are nee, and circle the number that corresponds to your spoor ability, while five represents exceptional Ability or Years of Experience Rating

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List your current or most recent employment first. Please list all jobs (including self-employment and military service) that you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Employer Name	
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties: Reason for Leaving:	
Dates of Employment (Month/Year):	
Dates of Employment (Worth, Tear).	
14. Applicant's Education and Training	
College/University Name and Address	
Did you receive a degree? Yes No If yes, degree(s) received: _	
High School/GED Name and Address	
Did you receive a degree? Yes No	
Other Training (graduate, technical, vocational):	
Please indicate any current professional licenses or certifications that you hold:	•

Awards, Honors, S	pecial Achievements:		
Military Service:			
Yes	_ No		
Branch:			
Specialized Training	ng:		 _
*	any other information ny agreement with any	•	l, including whether

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize Granzin's Meat Market to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO ITS TERMS.	CERTIFICATION, AND I UNDERSTAND
Applicant Signature	Date