

Residential | Commercial | Inspections

421 Schreiner Street Kerrville, TX 78028 (830)896-0890

APPLICATION FOR EMPLOYMENT

| Last Name: | First Name: | | | MI: |
|--|----------------------------------|---|-----------------------|--|
| | | | | |
| Street or Mailing Address: | | | | Apt. No.: |
| City: | State: | Zip Code: | County: | |
| Harra who was | Call mhan a | | | |
| Home phone: | Cell phone: | | | |
| Email address: | | | Today's Date | :: |
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| EMPLOYMENT ELIGIBILITY : To be employed (but are not limited to) United States citizens | | | gibility requirer | nents. These include |
| Are you a U.S. citizen? YES NO | <u> </u> | an alien authorized to worl | c in the US? | YES NO |
| | | | | |
| POSITION APPLIED FOR: | CR | IMINAL RECORD: Have yo | u ever been convicted | of a felony or misdemeanor? If YES, please |
| | expl | | | |
| AVAILABILITY: What date can you start? | | For which schedules ar | · | |
| For which category(ies) are you applying? | | □ Weekdays□ Weekends | | venings lights |
| ☐ Full-time ☐ Part-time ☐ | Temporary | ☐ Overtime | | ther |
| JOB-RELATED SKILLS: (Note: Do not fill out an | y part of this section you bel | ieve to be non-job-related.) | | |
| Do you have a current valid driver's license? | YES NO | DISCI AIMER: A copy | of your driver's li | cense & social security card is |
| Name on license: DL | #: State of Issue: | | un your driving r | ecord / background check. |
| Type: Regular/NonM commercial | Commercial Class: | | • | • |
| | nses or certifications that ma | | | o, list here. |
| | | | | |
| Texas Plumbing Licens | e #: | | | |
| YES NO Can you perform the es | ssential functions of this job v | with or without reasonable a | accommodation? | (i.e. heavy lifting, run equipment) |
| EDUCATION: | | | | |
| High School graduate or equivalent (GED)? YES | NO | City/State: | | |
| | and the second | | 12 | |
| Name of College: | City/State: | Graduate | ed? YES NO | Degree: |
| Vocational or other additional education: | | | | |
| | | | | |

| REFERENCES. Include on | ly individuals familiar with your work sl | | |
|--|---|--|--|
| NAME | | ADDRESS/PHONE | YEARS KNOWN/RELATIONSHIP |
| 1. | | | |
| 2. | | | |
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| military and volunteer expo the specific duties, beginni disqualification from emplo | AND WORK HISTORY: Describe you erience. If you worked for the same ening with primary duties. Please give coroyment consideration. <i>You may submit</i> formation requested in the Work History | mployer in more than one position, des mplete information regarding each job it a resume to document your work bac | scribe each separately. Describe or it may result in your ckground. However, if the resume |
| 1. Most Recent Employer | | Your Job Title | |
| Address | | From (mo/yr) | To (mo/yr) |
| City | State Zip Code | Hours per week | Annual salary or hourly wage |
| Your Supervisor's Name | Phone # | Are you currently working for this | If so, may we contact? |
| Reason for Leaving (or for con | sidering leaving) | Employer? YES NO | YES NO |
| Describe in detail your job dut | | | |
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| Any related Computer Skills | | | |
| Any related compater charge | | | |
| 2. Second Most Recent Emplo | nver | Your Job Title | |
| · | | | I = 11 A |
| Address | | From (mo/yr) | To (mo/yr) |
| City | State Zip Code | Hours per week | Annual salary or hourly wage |
| Your Supervisor's Name | | Supervisor's phone # | 1 |
| Reason for Leaving | | | |
| Describe in detail your job dut | ies | | |
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| MODE HISTORY / | | | | | | |
|--|-----------|----------|--------------------------------------|------------------------------|--|--|
| WORK HISTORY (cor | ntinued): | | | | | |
| 3. Third Most Recent Em | ployer | | Your Job Title | | | |
| Address | | | From (mo/yr) | To (mo/yr) | | |
| City | State | Zip Code | Hours per week | Annual salary or hourly wage | | |
| Your Supervisor's Name | | | Supervisor's phone # | | | |
| Reason for Leaving | | | , | | | |
| Describe in detail your job | o duties | | | | | |
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| Any related Computer Ski | lls | | | | | |
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| 4. Fourth Most Recent Er | nployer | | Your Job Title | | | |
| | | | From (mo/yr) | To (month m) | | |
| Address | | | | To (mo/yr) | | |
| Address | State | Zip Code | Hours per week | Annual salary or hourly wage | | |
| | State | Zip Code | Hours per week Supervisor's phone # | | | |
| City | State | Zip Code | | | | |
| City Your Supervisor's Name | | Zip Code | | | | |
| City Your Supervisor's Name Reason for Leaving | | Zip Code | | | | |
| City Your Supervisor's Name Reason for Leaving | | Zip Code | | | | |
| City Your Supervisor's Name Reason for Leaving | | Zip Code | | | | |
| City Your Supervisor's Name Reason for Leaving | | Zip Code | | | | |
| City Your Supervisor's Name Reason for Leaving | o duties | Zip Code | | | | |

APPLICANT NOTE. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during an interview and/or on this form are grounds for terminating the application process or, if discovered after hiring, for terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job related skills may be required prior to employment.

CERTIFICATION AND RELEASE. I certify that I have read and understand the "Applicant Note" (above) and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. When company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

| ADDITIONAL COMMENTS: | Print full name: | Signature: | Date: |
|----------------------|----------------------|------------|-------|
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AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

| Last | Name First Name | | | MI | |
|-------|---|---------|------------|---------------------|--|
| | | | | | |
| Title | of job applied for: | | | | |
| | | | | | |
| | Ethnic Background (Check One): | | | Gender (Check One): | |
| | Native American | | Male | | |
| | White, not of Hispanic origin | | Female | | |
| | Hispanic | | | | |
| | Black, not of Hispanic origin | | | | |
| | Asian, not of Hispanic origin | | | | |
| | Native Hawaiian or Other Pacific Islander | | | | |
| | Multi-racial | | | | |
| | Other | | | | |
| | | 1 | | | |
| | Veteran/US I | ∕Iilita | ry Status: | | |
| | Special Disabled Veteran | | | | |
| | A veteran who is entitled to compensation under laws administered by the Dept. of Veterans Affairs for a disability (a) rated at 30% or more, or (b) rated at 10% or 20% if it has been determined that the individual has a serious employment disability; or A veteran who was discharged or released from active duty because of a service-connected disability. | | | | |
| | 1 Vietnam Era Veteran | | | | |
| | Served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such duty occurred (a) In the Republic of Vietnam between 02/28/1961 and 05/07/1975; or (b) between 08/05/1964 and 05/07/1975, in all other cases; or Was discharged or released from active duty for a service connected disability if any part of such active duty was performed (a) In the Republic of Vietnam between 02/28/1961 and 05/07/1975; or (b) between 08/05/1964 and 05/07/1975, in all other cases. | | | | |
| | Other Protected Veteran | | | | |
| | Other protected veteran is defined as a veteran w U.S. on active duty during a war or in a campaign of authorized. | | | | |

PERSONAL AND CONFIDENTIAL

This page contains sensitive information. Keep only in a secure file, separate from other personnel records!