Employment Application

		Applicant	Inform	ation			300
Full Name:	T	First			M.I.	Date:	
	Last	First			IVI,I.		
Address:	Street Address					Apartment/Unit #	
	-				State	ZIP Code	
Phone:	City		Email		State	717 82000	
Date Availa						d Salary:\$	
Position App	plied for:						
7. 3	red for criminal history clitizen of the United State	YES NO	If no,	are you	authorized to v	YES vork in the U.S.?	NO
Have you e	ver worked for this comp	yes NO	If yes,	when?			
Have you e	ver been convicted of a	YES NO felony?					
If yes, expla	ain:						
	THE REAL PROPERTY.	Edu	ıcation			WED AND WAR	to it
High Schoo	l:	Addres	s:				
From:	To:	Did you graduate	YES	NO	Diploma::		
College:		Addres	s:				
From:	To:	Did you graduate	YES	NO	Degree:		
Other:	ner: Address:						
From:	To:	Did you graduate	YES	NO	Degree:		

	eferences		Burth and Bullette by the party of the latest	
Please list three professional references.				
Full Name:		Relationship:		
Company:				
Address:	- 10 - 10			
Full Name:			Relationship:	
Company:				
Address:				
Full Name:			Relationship:	10 0 0 0
O				
Address:				Office
Previo	us Employme	ent		Use Only
Company 1:			Phone:	Ref
Address:				Accu? Yes
Job Title: Start	ing Salary:\$		Ending Salary:\$	No
Responsibilities:				Initial
From: To:	Reason f	or Leavin	ng:	
May we contact your previous supervisor for a reference	YES	NO	Eligible for re hire? Yes / No	Date
				Ref
Company 2:				Accu?
Address:			Supervisor:	
Job Title: Start	ing Salary:		Ending Salary:\$	No
Responsibilities:			3	Initial
From: To:	Reason for YES		g:	Date
May we contact your previous supervisor for a reference	:e?	NO	Eligible for re-hire? Yes / No	
Company 3:			Phone:	Ref
Address:			0	Accu? Yes
Job Title: Starti	ing Salary:\$		Ending Salary:\$	No
Responsibilities:				Initial
From: To:		or Leavin	g:	
May we contact your previous supervisor for a reference	YES	NO	Eligible for re-hire? Yes / No	Date

Mi	litary Service	
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		
Disclair	mer and Signature	THE RESERVE AND ADDRESS.
If you are to be hired by the company, you will be r to present documents confirming your identity and comply with these requirements.		
AUTHORIZATION		
I certify that the facts contained in this application (the best of my knowledge. I understand that any fa application is sufficient cause for refusal to hire, or by the company.	alse statement, omission, or misrep	resentation on this
I understand that nay employment is conditioned of investigate all statements contained in my application references to disclose information regarding my for Company, without giving me prior notice of such disemployers, and references listed above from any a such investigation or disclosure.	ion or resume, and I authorize my f rmer employment, character, and g sclosure. In addition, I release the	ormer employers and eneral reputation to the Company, any former
I understand and agree that nothing contained in the create an employment contract. I further understand and without fixed term, and may be terminated at a option of either myself or the Company. No promise understand that no such promise or guarantee is be	nd and agree that if I am hired, my any time, with or without cause and ses regarding employment have be	employment will be "at will" without prior notice, at the en made to me, and I
If I am offered employment I agree to submit to a memployed, I also agree to submit to a medical example Company and as permitted by law. I consent to subdoctor disclose to the Company the results of the esegregated from personnel file. I understand that it permitted by law, is contingent upon satisfactory most my employment will be that I abide by the Company	mination or drug test at any time de uch examinations and test, and requexamination, which results shall rem my employment or continued employed aedical examinations and drug test,	emed appropriate by the uest that the examining nain confidential and byment to the extent
I understand that filling out this form does not indic to hire. If hired, I agree to abide all company work to revise its policies and procedures, in whole or in	rules, policies, and procedures. Th	
Signature:	D	Date:

Date of birth

Date

DPS Computerized Criminal History (CCH) Verification(AGENCY COPY)

Signature of Agency Representative	Destroyed Date:	initial
	Date Printed:	initial
Agency Representative Name (Please print)	Hire Not Hired	initial
Penny trans (r tomo hour)	Purpose of CCH:	
Agency Name (Please print)	YES IL NO IL	initial
Date	CCH Report Printed:	
	Please: Check and Initial each Appl	licable Space
Signature of Applicant or Employee	Tu.	
	R	Lev. 02/2011
(This copy must remain on file by your	agency. Required for future DP	S Audits)
my fingerprint criminal history record may be discu	ssed with me.	
Once this process is completed and the age	•	nfonnation on
L1 Enrollment Services.		
copy be sent to the agency listed below, and pay a	fee of \$24.95 to the fingerprinting servi	ices company,
appointment with L1 Enrollment Services, submit	a full and complete set of my fingerpr	ints, request a
Identification System). I have been made aware th	at in order to complete this process I	must make an
fingerprints for analysis through the Texas Depart	ment of Public Safety AFIS (Automate	ed Fingerprint
For the fingerprinting process I will be	required to submit a full and comple	ete set of my
performed to clear any misidentification based on the		
using the name and DOB method. Therefore, the	agency may request that I have a fing	erprint search
for background screening is not allowed to discu	ss any criminal history record informa	ation obtained
represent true identification to criminal history, the	e organization conducting the criminal	history check
Because the name-based information is not	an exact search and only fingerprint re	cord searches
Secure Website and will be based on name and DO	B identifiers I supply.	
History (CCH) verification check will be performed	d by accessing the Texas Department of	Public Safety
I,APPLICANT or EMPLOYEE NAME (Please print)	, have been notified that a Computerize	d Criminal

Retain in your files