



APPLICATION FOR EMPLOYMENT

20250 FM 619 • Elgin, TX 78621
 Phone: 888.926.2253 • Fax: 512.856.0256

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application ____/____/____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other

Name of source (if applicable) _____

Name _____

LAST FIRST MIDDLE

Address _____

STREET CITY STATE ZIP CODE

Telephone # _____ Mobile/Other Phone # _____ E-mail Address _____

If necessary, best time to call you at home is _____ : AM PM

May we contact you at work? Yes No

If yes, work number and best time to call () _____ : AM PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____ / /

Have you ever been employed here before? Yes No

If yes, give dates..... From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work..... ____/____/____ What is your desired salary range?\$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if the job requires it? Yes No Will you travel if the job requires it?..... Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THE ABOVE QUESTION DOES NOT CONSISTUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKE INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE # ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	PER	
EMPLOYER	TELEPHONE # ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	PER	
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		FINAL		
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		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Skills include any foreign languages you may speak fluently.

Educational Background (if job related)

A) List the last three (3) schools you attended, starting with most recent. B) List number of years completed. C) Indicate degree or diploma earned, if any. D) List Grade Point Average and/or Class Rank. E) List major field of study (if applicable)

A. SCHOOL/LOCATION	B. NUMBER OF YEARS COMPLETED	C. DEGREE/DIPLOMA	D. GPA/CLASS RANK	E. MAJOR	F. MINOR

References

List the name and telephone number of three business references who are NOT related to you. If not applicable, list three school or personal references.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD OR ANY OTHER PROTECTED STATUS

ORGANIZATION	OFFICES HELD	NUMBER OF YEARS PARTICIPATED

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD OR ANY OTHER PROTECTED STATUS

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I accept housing on the premises of Down Home Ranch, whether as part of my compensation or not, such housing is absolutely and irrevocably contingent upon my continued employment with Down Home Ranch. Upon termination of employment, whether voluntary or involuntary, I will be given a maximum of 72 hours to remove myself and my belongings from said housing.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United State and that federal immigration laws require me to complete an I-9 Form in this regard.

If I am offered employment I agree to submit to a medical examination and drug test before starting work if requested to do so. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the result of the examination, which shall remain confidential and segregated from my personnel file. I understand that my employment or continue employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate that there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all of the terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____