



# EMPLOYMENT APPLICATION Today's Date / /

We appreciate your interest in our company. THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT. This application is intended to evaluate your suitability for employment. It is the policy of Hill Country Dry Clean Super Center to provide equal employment opportunities to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, genetic information, national origin, citizenship, disability, veteran status, or any other status protected under local, state, and federal law. The company will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities. This application will remain active for ninety (90) days.

## Your Personal Information

Last Name	First Name	Middle Name
Home Address (Number, Street, City, State, ZIP Code)		
Social Security Number	Home Telephone Number	Referred By (name or publication)

Are you legally authorized to work in the United States?  YES  NO  
 Completion of the Form I-9 will be required upon employment to document authorization to legally work in the United States.

## Employment Desired

Position Applying	Date You Can Start	Salary Desired	Type of Employment Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
1. Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. If YES to 1, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. If YES to 2, please provide contact details:	

Have you previously applied to, or worked for, this company? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where?	When?
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## Your Education

High School Attended & Location	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, how many years completed?	
College Attended & Location	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, how many years completed?	If YES, Degree Type
Trade, Business or Correspondence School Attended & Location	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, how many years completed?	If YES, Degree Type or Certification

## Your General Training

Special Courses or Training:

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Experience/Skills related to the position for which you are applying:

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## Your Office/Secretarial Application Experience

Skill/Aptitude	Years of Experience	Words Per Minute	Software Used
Typing			
Shorthand			
Word Processing			

List secretarial training courses completed and any other training which may be helpful in considering your application.

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# Your Employment History (List present or most recent positions FIRST)

Name of Present or Most Recent Employer		Address (Number, Street, City, State, ZIP Code)	
Telephone	Type of Business	Department	Your Position
Name & Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
Duties			
Reason for Leaving			

Name of Second Most Recent Employer		Address (Number, Street, City, State, ZIP Code)	
Telephone	Type of Business	Department	Your Position
Name & Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
Duties			
Reason for Leaving			

Name of Third Most Recent Employer		Address (Number, Street, City, State, ZIP Code)	
Telephone	Type of Business	Department	Your Position
Name & Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
Duties			
Reason for Leaving			

Name of Fourth Most Recent Employer		Address (Number, Street, City, State, ZIP Code)	
Telephone	Type of Business	Department	Your Position
Name & Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
Duties			
Reason for Leaving			