



DIGITAL DOCUMENT SOLUTIONS

8640 SAN LORENZO, STE A., LAREDO, TX. 78045 PH. 956-791-COPY (2679)

Employment Application

We consider applicants for all positions without regards to race, color, religion, creed, gender, national origin, age, disability, marital o veteran status, sexual orientation, or any other legally protected status

Date

LAST NAME FIRST NAME MIDDLE NAME

Address City/State Zip Code

Home Phone Cell Phone

Salary Desired: Position Applying for:

How do you hear from us? SSN:

If you are under 18 years of age, can you provide required proof of your eligibility to work? N/A YES NO

Have you ever field and application with us before? if yes, Date

Are you currently employed? YES NO

May we contact your present/last employer? YES NO

Are you currently on "lay-off" status and subject to recall? N/A YES NO

Starting on what date can you be available to work? Date

Are you available to work: (check all that apply) FULL TIME PART TIME TEMPORARY

Can you travel if the job requires it? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa

or Immigration status? Proof of citizenship or Immigration status will be required upon employment YES NO

Have you ever been convicted of a felony? Conviction will not necessary disqualified an application from employment YES NO

if tes Explain

Type of School	School Name & Address	Years Completed	Major	Degree or Diploma
High School				
Undergraduate College				
Graduate University				
Business or Trade School				

Do you have a drivers license? yes no

State of issue: DL#:

Have you had any accidents in the past 3 years? yes no

How many?

Do you had any moving violations in the past 3 years? yes no

How many?

Continue on the next page

Previous Employment (list jobs held in order from last to first)

1. Employer: Address: Phone:

Job Title: Supervisor: May we contact them? yes no

Reason for Leaving (be specific)

Dates of employment: From: To:

Salary: Starting: Last: PER:

List of Duties performed

List skills used or learned

List Accomplishments or promotions

2. Employer: Address: Phone:

Job Title: Supervisor: May we contact them? yes no

Reason for Leaving (be specific)

Dates of employment: From: To:

Salary: Starting: Last: PER:

List of Duties performed

List skills used or learned

List Accomplishments or promotions

3. Employer: Address: Phone:

Job Title: Supervisor: May we contact them? yes no

Reason for Leaving (be specific)

Dates of employment: From: To:

Salary: Starting: Last: PER:

List of Duties performed

List skills used or learned

List Accomplishments or promotions

Other Skills: Indicate your level of mastery of the English language as well as any other foreign language, such as Spanish:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities acquired from other employment schooling or other experience as well as any job related training received in the United States military.

Check any specialized skills and or equipment operated

Windows
 Word
 Excel
 PowerPoint
 Mac
 Other

State ANY other additional information you fell may be helpful to us in considering your application for employment.

Please list 3 references other than relatives and previous employers

Name	Occupational Place of Business	Relationship to Applicant	Phone number

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all and any statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of and "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time and for any reason with or without cause. It is further understood that this "at will" employment relationship may not be changed unless such change is specifically acknowledged in writing by an authorized executive of this organization and the Employee.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Document Signature Field Date/Time Field

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