



Committed to helping seniors remain independent by enhancing their quality of life through services and resources...

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Are you at least 18 years of age?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	*The Age Discrimination Act of 1967 prohibits discrimination on the basis of age.	
Will you work overtime if asked?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been convicted of or plead guilty to a criminal offense, or received deferred adjudication, probation, or any program of supervision, restriction, or other alternative in lieu of a fine or imprisonment for any criminal offense (misdemeanor or felony) within the last seven (7) years? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If yes, please explain:					

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

**** Please list three PROFESSIONAL references.**

Full Name		Relationship
Company		Phone ()
Address		
<hr/>		
Full Name		Relationship
Company		Phone ()
Address		
<hr/>		
Full Name		Relationship
Company		Phone ()
Address		

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities/ Skills Used			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities/ Skills Used			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities/ Skills Used			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

OTHER SKILLS, QUALIFICATIONS, AND MACHINES OPERATED

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MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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APPLICANTS CONSIDERING DRIVING RELATED POSITIONS, PLEASE COMPLETE BELOW:

Have you been involved in any motor vehicle accidents while driving in the past three years? YES NO
Do you have any restrictions on your driver's license at present? YES NO
Have you been convicted of any moving violations in the past five years? YES NO

➤ If the answer to any of the above questions is yes, please explain:

Read the following information. Please sign and date each paragraph, as requested, to confirm your understanding and agreement.

"I certify that the information given in this application for employment is true in all respects, and I agree that if the information given is found to be false in any way, it may result in denial of employment or discharge from employment. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons and employers from any liability or damages on account of having furnished such information."

Signature of Applicant

Date

"I understand that nothing contained in this application, or the policies and rules governing employment or in the granting of an interview, is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing and signed by both the president of the company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and that the company retains the same right."

Signature of Applicant

Date

"I understand that prior to being offered employment with the company I may be requested to a drug and/or alcohol test. I understand that a positive test result will result in denial of employment. Furthermore, I understand that as a condition of continued employment, I may be requested to submit to a drug and/or alcohol test. I understand that a positive test result will result in the termination of my employment."

Signature of Applicant

Date

It is the policy of Fort Bend Seniors Meals on Wheels to provide equal employment opportunity to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, marital status, status with regard to public assistance, status as a disabled veteran and/or Veteran of the Vietnam Era or any other characteristic protected by federal, state or local law.