

## **AUSTIN JAVA APPLICANT INSTRUCTIONS**

We appreciate the interest you have in our Company. We thank you for your employment application, and we look forward to the possibility of you working with us. This instructional sheet is for your information, and you should keep it for reference.

Please fully and legibly complete the employment application and accompanying forms so that they may be easily read. Be certain that all forms are completed in their entirety and signed. Incomplete or unsigned documents will not be considered. Use the abbreviation “n/a” if a certain section is not applicable to you.

Your employment application will be reviewed and placed in our files for a certain period of time. As the appropriate openings become available, your application as well as others will be considered. You do not need to contact us to inquire about job availability after you have submitted your application. Should you be among the most qualified applicants for an available position, you will be contacted, and an interview will then be arranged.

Offers of employment are made to those who are considered to be the most qualified to fill specific job vacancies. Qualifications may include job experience, training, education, or other such characteristics. Among other things, your work history and references will be verified through the appropriate sources.

Any and all decisions made by this Company, including those involved in the selection and hiring process, are done so without regard to race, color, creed, sex, age (as dictated by law), national origin, veteran status, or disability.

This Company voluntarily non-subscribes to the Texas Workers' Compensation Act pursuant to Article 8308, V.A.C.S.

Thank you again for your interest in our Company.

# AUSTIN JAVA

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## APPLICATION FOR EMPLOYMENT

## AN EQUAL OPPORTUNITY EMPLOYER

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This company provides equal employment opportunity to all qualified persons without regard to race, color, creed, sex, age, religion, national origin, veteran status, or disability.

Our employment practices provide that all individuals be recruited, hired, assigned, advanced, compensated, and retained on the basis of their qualifications and treated equally in these and all other respects without regard to race, color, creed, sex, age, religion, national origin, veteran status, or disability.

This company complies with the Americans With Disabilities Act of 1990. As such, please inform us if you require any accommodation.

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### PERSONAL INFORMATION

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Last) (First) (Middle)

Current address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Are you age 18 or older?  Yes  No  
Eligible to work in the U.S.?  Yes  No  
Ever convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_  
*Conviction of a felony will not necessarily bar you from employment.*

Person to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Ever applied for employment or previously worked with this Company?  Yes  No

If yes, state what month and year: \_\_\_\_\_

Position desired: \_\_\_\_\_ Pay desired: \_\_\_\_\_

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### DRIVERS

Drivers license #: \_\_\_\_\_ Class: \_\_\_\_\_ State issued: \_\_\_\_\_

Check the types of vehicles you are qualified to operate:

passenger car  light truck  tractor/trailer  other: \_\_\_\_\_

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### EDUCATION

List highest grade completed: \_\_\_\_\_ Field of study: \_\_\_\_\_

Name and address of last school attended: \_\_\_\_\_

Vocational/business schools or universities attended: \_\_\_\_\_

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### REFERENCES

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

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**EMPLOYMENT RECORDS**

Are you currently employed? ( ) Yes ( ) No

We routinely contact an applicant's current employer for reference purposes. Would this pose any difficulty or problem for you? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

PREVIOUS EMPLOYMENT INFORMATION: Account for the past ten (10) years or past three (3) employers. Include periods of self-employment, schooling, military service, etc.

**CURRENT OR LAST EMPLOYER**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
From: \_\_/\_\_/\_\_ to: \_\_/\_\_/\_\_ Supervisor: \_\_\_\_\_  
Salary/Rate: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
From: \_\_/\_\_/\_\_ to: \_\_/\_\_/\_\_ Supervisor: \_\_\_\_\_  
Salary/Rate: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
From: \_\_/\_\_/\_\_ to: \_\_/\_\_/\_\_ Supervisor: \_\_\_\_\_  
Salary/Rate: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**APPLICANT CERTIFICATION AND AGREEMENT**

I certify that the information given on this application is true, correct, and complete. I also certify that I have accounted for all of my work experience and training as asked. I understand that misrepresentation or omission of material facts will be cause for cancellation of my consideration for employment or dismissal, if employed. I understand and agree that, if employed, the employment shall be "at will". That is, either I or the Company may end the employment relationship at any time for any reason (not prohibited by law) or for no reason. Also, I understand that no employee or representative of the Company has the authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing. I understand that this Company does not subscribe to workers' compensation insurance. I understand that I am not to lift any object unless I am familiar with the given situation and am reasonably sure that doing so alone can be safely accomplished. Otherwise, I know that it will be my duty to refrain from lifting the object until I have obtained assistance. I agree to abide by all of the Company's policies, procedures, and instructions, and also to report immediately to my manager any and all job related incidents resulting in injury or illness. I understand that failure to report such incidents before the end of the work periods in which such incidents occurred may cause the Company not to render voluntary payment of any resulting medical claim(s). I certify that I have no objection to the following conditions of employment: (1) available for overtime when scheduled (2) submitting to a drug test when requested (3) returning all Company property at the time of separation (4) abiding by the rules and regulations of the Company (5) submitting to a security search when requested (6) available to work any shift, any department, or any job when assigned by the Company at the prevailing rate at that time.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_/\_\_/\_\_