

Shorty's Rental & Feed
1312 W Florida Avenue Midland, TX 79701
(432) 620-9990

Application for Employment

All applicants are subject to pre-employment drug testing

PLEASE COMPLETE ALL PAGES LEGIBLY

APPLICANT NAME: _____

LAST FIRST MIDDLE MAIDEN (if applicable)

ADDRESS: _____

NUMBER STREET CITY STATE ZIP

HOME PHONE: _____

CELL PHONE: _____

ARE YOU AUTHORIZED TO WORK WITHIN THE UNITED STATES? YES NO *CIRCLE ONE*

ARE YOU A UNITED STATES CITIZEN? YES NO *CIRCLE ONE*

ARE YOU 21 YEARS OLD OR OLDER? YES NO *CIRCLE ONE*

POSITION APPLYING FOR: _____

DAYS/HOURS OF AVAILABILITY

NO PREF: _____ THURS: _____

WAGE DESIRED: _____

MON: _____ FRI: _____

TUES: _____ SAT: _____

WED: _____ SUN: _____

HOW MANY HOURS CAN YOU WORK WEEKLY? _____

CAN YOU WORK NIGHTS? _____

EMPLOYMENT DESIRED: _____ FULL-TIME _____ PART-TIME

WHEN ARE YOU AVAILABLE TO START? _____

EDUCATION HISTORY:

HIGH SCHOOL - NAME & LOCATION:

NUMBER OF YEARS COMPLETED: _____

DID YOU GRADUATE? _____

UNIVERSITY - NAME & LOCATION:

NUMBER OF YEARS COMPLETED: _____

DID YOU GRADUATE? _____

BUSINESS OR TRADE - NAME & LOCATION:

NUMBER OF YEARS COMPLETED: _____

DID YOU GRADUATE? _____

CRIMINAL HISTORY:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO *CIRCLE ONE*

IF YES, EXPLAIN CIRCUMSTANCES IN WHICH YOU WERE CONVICTED. INCLUDE NUMBER OF CONVICTIONS, NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED AND TYPE(S) OF REHABILITATION. USE THE SPACE BELOW FOR ALL INFORMATION:

DRIVING HISTORY:

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO *CIRCLE ONE*

DO YOU HAVE RELIABLE TRANSPORTATION TO/FROM WORK? YES NO *CIRCLE ONE*

DRIVERS LICENSE NUMBER: _____
STATE OF ISSUE: _____
EXPIRATION DATE: _____
TYPE OF LICENSE (CLASS): _____

ANY ACCIDENTS DURING THE PAST THREE YEARS? YES NO *CIRCLE ONE*

IF SO, HOW MANY? _____

ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS? YES NO *CIRCLE ONE*

IF SO, HOW MANY? _____

REFERENCES:

REFERENCES MUST BE PROVIDED. PLEASE INCLUDE TWO (2) REFERENCES WHICH ARE NOT PREVIOUS EMPLOYERS AND/OR FAMILY MEMBERS. REFERENCES MUST BE ABLE TO SPEAK ON BEHALF OF YOUR WORK ETHIC, DEPENDABILITY, ETC.

NAME: _____
ADDRESS: _____
BEST CONTACT PHONE NUMBER: _____
YEARS KNOWN: _____

NAME: _____
ADDRESS: _____
BEST CONTACT PHONE NUMBER: _____
YEARS KNOWN: _____

EMERGENCY CONTACT -

NAME: _____
PHONE: _____
RELATIONSHIP: _____

