

1010 North Austin Avenue
Georgetown, TX 78626



(512) 930-2200
www.melsonestarlanes.com

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position Applied for:		Date of Application:	
How were you referred to us:			

Applicant Data:

Full name (Last, First, Middle):							
Address:							
City:		State:		Zip:			
Phone:		Cell/Pager/Other:					
Email:							
Email:							
Employment desired:	Full-Time:		Part-Time:				
Date Available to Start:			Wages Expected:				
Write in Hours Available:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning (to and from)							
Afternoon (to and from)							
Evening (to and from)							
Are you under 18?	Yes:		No:				
Have you ever worked for this company?	Yes:		No:				
If yes, when?							
Are you a citizen of the United States?	Yes:		No:				
If not, are you legally allowed to work in the United States?	Yes:		No:				
Type of employment desired:	Full-Time:		Part-Time:				
Have you ever pled "guilty," "no contest," or been convicted of a crime?	Yes:		No:				
If yes, give dates and details:							
<p>Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.</p>							

Summarize Your Special Skills or Qualifications:

Previous Employment (begin with most recent position):

Dates of Employment: From			to	
Position(s) Held:				
Firm:				
Address:				
Phone:				
Supervisor:		Title:		
Responsibilities:				
Starting Salary and Title:				
Ending Salary and Title:				
Reason for leaving:				
May we contact this employer as a reference?				

Dates of Employment: From			to	
Position(s) Held:				
Firm:				
Address:				
Phone:				
Supervisor:		Title:		
Responsibilities:				
Starting Salary and Title:				
Ending Salary and Title:				
Reason for leaving:				
May we contact this employer as a reference?				

Dates of Employment: From			to	
Position(s) Held:				
Firm:				
Address:				
Phone:				
Supervisor:		Title:		
Responsibilities:				
Starting Salary and Title:				
Ending Salary and Title:				
Reason for leaving:				
May we contact this employer as a reference?				

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant:		Date:	
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