

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Job Position:		Date:	
---------------	--	-------	--

I. APPLICANT INFORMATION

Full Name:		Phone:	
Address:			
City, State, Zip:		Expected Pay:	\$
E-mail:		Date Available:	
1. Do you have objections to working overtime when necessary?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2. Will you travel if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3. Have you ever been previously employed by HOWLAND?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
4. Can you submit proof of legal employment authorization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
5. Are you eligible to drive in Texas?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
6. Provide your Driver's License number: <i>(if driving is an essential job duty)</i>			
7. May HOWLAND pull your Department of Motor Vehicles (DMV) record?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
8. Have you been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
9. If YES for #8, please describe:			

II. EDUCATION

High School:		Location:			
Dates:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College:		Location:			
Dates:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: <input type="text"/>
Other:		Location:			
Dates:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: <input type="text"/>

List All Trainings, Certifications, Licenses:

List All Job Skills:

III. PREVIOUS EMPLOYMENT

Company:		Job Title:	
Address:		Salary:	\$
Phone:		Supervisor:	
Dates:		Responsibilities:	
Reason for Leaving:			

Company:		Job Title:	
Address:		Salary:	\$
Phone:		Supervisor:	
Dates:		Responsibilities:	
Reason for Leaving:			

Company:		Job Title:	
Address:		Salary:	\$
Phone:		Supervisor:	
Dates:		Responsibilities:	
Reason for Leaving:			

May we contact your previous supervisors for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ATTACH RÉSUMÉ IF DESIRED
---	------------------------------	-----------------------------	---------------------------------

IV. DISCLAIMER AND SIGNATURE

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

If I am employed, I understand that I will be subjected to a pre-employment drug test and periodic random drug testing throughout my employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature:		Date:	
------------	--	-------	--