



LEMONGRASS

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY No. _____	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NO.	REFERRED BY:		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYEED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
If you are applying for a service provider position, do you have your current license from the Texas Department of Licensing and Regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, when do you expect to receive your license? _____		

FORMER EMPLOYERS

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				

EDUCATION

	NAME OF SCHOOL	Area of degree / study	DIPLOMA / CERTIFICATE OF COMPLETION REC'D?
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO
Trade School and/or College			<input type="checkbox"/> YES <input type="checkbox"/> NO
Trade School and/or College			<input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE #	BUSINESS	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other federal and state laws.”

Date _____ Signature _____

Interviewed by _____ Date _____