



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are you willing to travel?: Yes  No

Position Applied for: \_\_\_\_\_

#### FORMER FOSTER YOUTH (Verification may be required.)

Were you a foster youth under the Texas Department of Family and Protective Services on the day before your 18th birthday?  Yes  No  
 If yes, are you currently 25 years of age or younger?  Yes  No

Are you currently receiving benefits for the following:

Temporary Assistance for Needy Families (TANF)?  Yes  No  
 Supplemental Security Income (SSI)?  Yes  No  
 Supplemental Nutrition Assistance Program (SNAP) benefits?  Yes  No

Please enter time range of availability:

Days	Start (earliest)	End (latest)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Are you authorized to work in the United States? YES NO

YES      NO  
Are you at least 18 years old?           

Date of Birth: \_\_\_\_\_

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge?      YES      NO  
     

If yes, explain giving dates and nature of offense. A conviction may not disqualify you but, a false statement will: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES      NO  
            Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES      NO  
            Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES      NO  
            Degree: \_\_\_\_\_

## Work-Related Certificates and/or Licenses

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

## References

*Please list two professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by Dee's Mobile, and hereby give my consent to Dee's Mobile to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that Dee's Mobile may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or Dee's Mobile may terminate my employment at any time, with or without notice or reason.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

Last Name		First		Middle	
Address			City	State	Zip
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		Ethnic Origin <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Am. Ind/Alaskan	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No					
How Did you first find out about this job?  <input type="checkbox"/> Online <input type="checkbox"/> Other Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____					
_____ Applicant Signature			_____ Date		
<b>AN EQUAL OPPORTUNITY EMPLOYER</b>					

**White** (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black** (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

**Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

**American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.