Southwest Sandhills WSC

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EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION						
FULL NAMI	₽•			DATE:		
rodd nami	First	Middle	Last	_ DAIE.		
ADDRESS:						
	Street Address			Apt/Suite		
ADDRESS:	Mailing Address (if d	ifferent from above)		Apt/Suite		
		,				
	City	Stat	e	Zip Code		
EMERGENO	CY CONTACT AN	D PHONE #:				
SOCIAL SE	CURITY NUMBE	R (SSN):	_	_		
POSITION A	APPLIED FOR: _					
EMPLOYMI	ENT DESIRED:	□ FULL-TIME □ PA	rt-time 🏻 seaso	NAL		
	E	MPLOYMENT	ELIGIBILITY			
ARE YOU L	EGALLY ELIGIB	LE TO WORK II	N THE U.S? \Box	YES □ NO*		
HAVE YOU	EVER WORKED	FOR THIS EMI	PLOYER? YES	5* □ NO		
*IF YES, W	RITE THE STAR	T AND END DA	res:			
HAVE YOU	EVER BEEN CO	NVICTED OF A	FELONY? YE	es∗ □ no		
*IF YES, PI	LEASE EXPLAIN:	:				
-						



EDUCATION HIGH SCHOOL: CITY / STATE: FROM: _____ TO: ____ GRADUATE? ☐ YES ☐ NO DIPLOMA: COLLEGE: _____ CITY / STATE: ____ FROM: _____ TO: ____ GRADUATE? ☐ YES ☐ NO DEGREE: **OTHER:** _____ CITY / STATE: FROM: TO: DEGREE/CERTIFICATION: PREVIOUS EMPLOYMENT EMPLOYER 1: ______Company / Individual _____ PHONE: ____ ADDRESS: _____Street Address City State Zip Code STARTING PAY: \$____ □ HOUR □ SALARY ENDING PAY: \$____ □ HOUR □ SALARY JOB TITLE: _____ RESPONSIBILITIES: ___ FROM: _____ TO: ____ REASON FOR LEAVING: _____ May we contact your previous supervisor for a reference? Yes _____ No____ _____ PHONE: ____ EMPLOYER 2: Company / Individual ADDRESS: _____Street Address City State Zip Code STARTING PAY: \$____ □ HOUR □ SALARY ENDING PAY: \$____ □ HOUR □ SALARY JOB TITLE: RESPONSIBILITIES: FROM: _____ TO: ____ REASON FOR LEAVING: _____

May we contact your previous supervisor for a reference? Yes No



Company / 1		PHONE:			
Company / l	ndividual				
ADDRESS: Street Address	City	State	Zip Code		
STARTING PAY: \$	_ 🗆 HOUR 🗆 SALARY	ENDING PAY: \$	HOUR SALARY		
JOB TITLE:	RESPONSIBILITIES:				
FROM: TO:	REASON FOR	LEAVING:			
May we contact your prev	ious supervisor for	a reference? Yes _	No		
EMPLOYER 4:Company / l		PHONE:			
ADDRESS:Street Address	City	State	Zip Code		
Street Address	City	State	Zip Code		
STARTING PAY: \$	_ □ HOUR □ SALARY	ENDING PAY: \$			
JOB TITLE:	_ RESPONSIBILIT	TIES:			
FROM: TO:	REASON FOR	LEAVING:			
May we contact your prev	rious supervisor for	a reference? Yes _	No		
	REFERE	ENCES			
FILL NAME:		RELATIONS	SHIP.		
FULL NAME: First	Last		JIII		
COMPANY:		TITLE:			
ADDRESS:		PHONE:			
FULL NAME: First	Last	RELATIONS	SHIP:		
COMPANY:					
ADDRESS:		PHONE:			
FULL NAME: First	AME: RELATIONSHIP:				
COMPANY:					
		PHONE:			



MILITARY SERVICE					
ARE YOU A VETERAN? YES NO					
BRANCH: RANK AT DISCHARGE:					
FROM: TO:					
TYPE OF DISCHARGE:					
IF NOT HONORABLE, PLEASE EXPLAIN:					
BACKGROUND CHECK CONSENT					
DO YOU CONSENT TO A BACKGROUND CHECK? YES NO					
PHYSICAL HISTORY					
How much time have you missed from work in the last year?					
Are you willing to take a physical exam? Yes No					
DISCLAIMER					
Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered. Please complete each section EVEN IF you decide to attach a resume. I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.					
SIGNATURE DATE					
PRINT NAME					

