

**EMPLOYMENT APPLICATION**

**HOUSTONIAN LITE IS AN EQUAL OPPORTUNITY EMPLOYER.**

**Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, military service, or any other legally protected status.**

**NO APPLICATION WILL BE CONSIDERED UNLESS ALL INFORMATION REQUESTED ON THIS FORM IS COMPLETED IN FULL, EVEN IF YOU HAVE A RESUME.**

*Print or Type clearly*

LAST NAME	FIRST	MIDDLE	POSITION APPLYING FOR	DATE AVAILABLE
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ADDRESS	CITY	STATE	ZIP	\$ RATE DESIRED:
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HOME PHONE	OTHER PHONE	ARE YOU AT LEAST 18? (IF NOT, HOW OLD ARE YOU? ____)	{ } YES { } NO
		HAVE YOU EVER BEEN EMPLOYED HERE BEFORE	{ } YES { } NO
		HAVE YOU EVER APPLIED HERE BEFORE?	{ } YES { } NO
		MAY WE CONTACT YOUR PRESENT EMPLOYER?	{ } YES { } NO
ARE YOU AVAILABLE TO WORK:		FULL TIME	PART TIME
		SEASONAL	ON-CALL

<b>(1)</b> EMPLOYER NAME (CURRENT/MOST RECENT)	EMPLOYER ADDRESS	CITY	STATE	ZIP
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PHONE #	JOB TITLE	SUPERVISOR
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DATES OF EMPLOYMENT	MONTH/YEAR	TO	MONTH/YEAR	START RATE \$	END RATE \$
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RESPONSIBILITIES

REASON FOR LEAVING	ARE YOU ELIGIBLE FOR REHIRE? { } YES { } NO
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EXPLAIN ANY GAPS IN EMPLOYMENT BETWEEN THIS JOB AND YOUR PREVIOUS JOB

<b>(2)</b> EMPLOYER NAME (PREVIOUS)	EMPLOYER ADDRESS	CITY	STATE	ZIP
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PHONE #	JOB TITLE	SUPERVISOR
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DATES OF EMPLOYMENT	MONTH/YEAR	TO	MONTH/YEAR	START RATE \$	END RATE \$
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RESPONSIBILITIES

REASON FOR LEAVING	ARE YOU ELIGIBLE FOR REHIRE? { } YES { } NO
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EXPLAIN ANY GAPS IN EMPLOYMENT BETWEEN THIS JOB AND YOUR PREVIOUS JOB

<b>(3)</b> EMPLOYER NAME (PREVIOUS)	EMPLOYER ADDRESS	CITY	STATE	ZIP
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PHONE #	JOB TITLE	SUPERVISOR
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DATES OF EMPLOYMENT	MONTH/YEAR	TO	MONTH/YEAR	START RATE \$	END RATE \$
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RESPONSIBILITIES

REASON FOR LEAVING	ARE YOU ELIGIBLE FOR REHIRE? { } YES { } NO
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EXPLAIN ANY GAPS IN EMPLOYMENT BETWEEN THIS JOB AND YOUR PREVIOUS JOB

<b>(4)EMPLOYER NAME (PREVIOUS)</b>		EMPLOYER ADDRESS		CITY	STATE	ZIP
PHONE #	JOB TITLE			SUPERVISOR		
DATES OF EMPLOYMENT MONTH/YEAR		TO	MONTH/YEAR	START RATE \$	END RATE \$	
RESPONSIBILITIES						
REASON FOR LEAVING				ARE YOU ELIGIBLE FOR REHIRE? { } YES { } NO		
EXPLAIN ANY GAPS IN EMPLOYMENT BETWEEN THIS JOB AND YOUR PREVIOUS JOB						

**EDUCATION/SKILLS**

NAME OF INSTITUTION:	LOCATION (CITY, STATE):	GRADUATED? IF YES, NAME OF DEGREE & MAJOR FIELD OF STUDY
LANGUAGES FLUENT IN (if relevant to the job):		
COMPUTER SKILLS:		

HOW WERE YOU REFERRED TO US?
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DO YOU HAVE ANY RELATIVES EMPLOYED WITH THE HOUSTONIAN LITE? YES { } NO { } IF YES, PLEASE LIST: _____
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PLEASE INDICATE ANY DAYS, TIMES, OR SHIFTS YOU ARE UNABLE TO WORK
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IF HIRED, CAN YOU PROVE THAT YOU ARE AUTHORIZED TO WORK IN THE UNITED STATES? YES { } NO { } (PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES WILL BE REQUIRED BEFORE AN INDIVIDUAL CAN BEGIN EMPLOYMENT.)
HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN A TRAFFIC VIOLATION? (MARK YES IF YOU HAVE BEEN CONVICTED OF A DWI OFFENSE) YES { } NO { } IF YES, PROVIDE DATE OF CONVICTION, NAME OF OFFENSE, LOCATION, AND SENTENCE RECEIVED:
HAVE YOU EVER BEEN GIVEN A DEFERRED ADJUDICATION OR PLEAD GUILTY OR NO CONTEST FOR ANYTHING OTHER THAN A TRAFFIC VIOLATION? (MARK YES IF YOU HAVE EVER BEEN GIVEN A DEFERRED ADJUDICATION OR PLEAD GUILTY OR NO CONTEST FOR A DWI OFFENSE) YES{ } NO{ } IF YES, PROVIDE DATE OF COMMENCEMENT AND END OF DEFERRED ADJUDICATION OR DATE OF PLEA IF YOU PLEAD GUILTY OR NO CONTEST, AND PROVIDE THE NAME OF OFFENSE, LOCATION, AND SENTENCE RECEIVED.
(A CONVICTION RECORD DOES NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.)

PERSONAL REFERENCES (EXCLUDING RELATIVES)		
NAME	RELATION	TELEPHONE NUMBER

## **JOB APPLICANT AGREEMENT AND CERTIFICATION**

As an applicant for employment with The Houstonian Lite, I agree to the following:

\* That the information contained in this application and accompanying documents is true in all respects. I authorize the Company to investigate thoroughly my work and personal history and verify all the information provided to the Company. I authorize all individuals, schools, and employers named in the application (except my current employer if so noted) to provide any information, personal or otherwise, requested about me. I release all parties from all liability for any damage that may result from furnishing information to the Company. A copy or telefax copy of this authorization may be relied upon as if it were an original document.

\* I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon this Company unless made in writing.

\* I understand that to be employed, I must be authorized to work in the United States, and must provide documents to establish my ability to work in the United States.

\* I acknowledge that if I need reasonable accommodation in either the application process or employment I will bring my request to the attention of the Human Resources department. This Company reserves the right to require medical documentation concerning the need for the accommodation.

\* I understand that if employed, I am required to abide by all policies, rules and regulations of the Company. I also understand that the Company may revise its policies, rules and regulations, in whole or in part, at any time.

\* I understand that this Company has a policy against drug and alcohol abuse, which includes random testing, and reserves the right to revise policies or procedures, in whole or in part, at any time.

\* I understand that this application may be considered for a maximum of 60 calendar days. After that time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary for me to reapply by completing a new application.

**BY SIGNING BELOW, I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND UNDERSTAND THAT IF I PROVIDE FALSE OR MISLEADING INFORMATION OR WILLFULLY OMIT INFORMATION IN THIS APPLICATION, ON MY RESUME, DURING MY INTERVIEW, OR DURING MY EMPLOYMENT, I MAY BE DENIED EMPLOYMENT OR, IF DISCOVERED AFTER HIRE, BE SUBJECT TO DISCIPLINE, UP TO AND INCLUDING IMMEDIATE TERMINATION OF EMPLOYMENT.**

**IN ADDITION, BY SIGNING BELOW, I ACKNOWLEDGE THAT IF I AM EMPLOYED BY THE COMPANY, MY EMPLOYMENT WILL BE AT-WILL, AND THAT I OR THE COMPANY MAY TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON OR NO REASON, WITH OR WITHOUT CAUSE OR NOTICE.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE**

**Houstonian Lite gives consideration to qualified employees without regard to race, color, religion, sex, national origin, citizenship, age, disability, or veteran status.**

**Houstonian Lite has certain record-keeping obligations as an Equal Opportunity Employer to assist us in complying with various governmental record-keeping requirements. We ask that you answer the following questions below. Your response is completely voluntary.**

**Confidentiality: Please be assured that your answers will be treated confidentially and this information will not be filed with your employment application, or in your personnel file.**

Personal Information:

*Please Print*

Name (optional) \_\_\_\_\_ Date \_\_\_\_\_

Please Check One –

Male \_\_\_\_\_ Female \_\_\_\_\_

I wish to identify myself as:

White (Not of Hispanic Origin) \_\_\_\_\_  
Black (Not of Hispanic Origin) \_\_\_\_\_  
Hispanic \_\_\_\_\_  
Asian or Pacific Islander \_\_\_\_\_  
American Indian or Alaskan Native \_\_\_\_\_

Thank you for your cooperation.

**Revised 03/2003**