

2821 Andrews HWY Odessa, TX 79762

			App	licant I	nforma	ation					
Full Name:						Date:					
	Last		First	t			M.I.				
Address:											
	Street Address								Apartment/Unit i	‡	
	City						State		ZIP Code		
Di	Olly						Oldic		ZII Gode		
Phone:					Email						
Date Available:		Date of Birth.:					Desire	Desired Salary:			
Position App	olied for:										
	osition: Do you have a I & Serve Alcohol	TABC									
Do you have	e a Food Handlers Per	mit?									
	e a Photo ID or Driver I Permanent Resident										
Do you have certificate?	e a social security card	or birth									
Are you a ci	tizen of the United Sta	tes?	YES	NO	If no, a	re you a	authorized to	work in th	YES e U.S.?	NO	
Have you ever worked for this company?		ıpany?	YES	NO	If yes, v	when?_					
Have you ev	ver been convicted of a	felony?	YES	NO							
If yes, expla	in:										
				Educ	ation						
High School	:			Address:							
From:	To:	Die	d you gr	raduate?	YES	NO	Diploma:				
References											
Please list t	hree professional refe	erences.									
Full Name:							Relatio	nship:			
Company:							F	Phone:			

	Previous E	mploym	ent					
Company:				Phone:				
Address:								
Job Title:	Starting S		Ending Salary:\$					
Responsibiliti	es:							
From:	To:	Reason	for Leaving:_					
May we conta	act your previous supervisor for a reference?	YES	NO					
Company:				Phone:				
Address:				Supervisor:				
Job Title:	Starting S	Starting Salary:\$						
Responsibiliti	es:							
From:	To:	Reason	for Leaving:					
May we conta	act your previous supervisor for a reference?	YES	NO					
Company:				Phone:				
Address:				Supervisor:				
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary: \$				
Responsibiliti	es:							
From:	To:	Reason	for Leaving:_					
May we conta	act your previous supervisor for a reference?	YES	NO					
	Disclaimer a	ınd Signa	ature					
I certify that	my answers are true and complete to the be	st of my k	nowledge.					
• •	ation leads to employment, I understand that by result in my release.	t false or n	nisleading in	formation in my application or				
Signature:				Date:				