



APPLICATION FOR EMPLOYMENT

916 E. Hackberry Ave., McAllen, Texas 78501
956-688-3700 Fax: 956-618-3718

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, sexual identity, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Form with fields: Position(s) Applied For, Date of Application, How Did You Learn About Us?, Last Name, First Name, Middle Name, Address, Telephone Number(s), Social Security Number.

Best time to contact you at home is ...: ... AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ... Yes No

Have you ever filed an application with us before? ... Yes No
If Yes, give date

Have you ever been employed with us before? ... Yes No
If Yes, give date

Do any of your friends or relatives, other than spouse, work here? ... Yes No

Are you currently employed? ... Yes No

May we contact your present employer? ... Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment ... Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time, Part-Time, Temporary (please indicate dates available ___/___/___ -- ___/___/___)

Are you currently on "lay-off" status and subject to recall? ... Yes No

Can you travel if a job required it? ... Yes No

EDUCATION

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number (s)	Starting	Final	
	Job Title	Supervisor		
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number (s)	Starting	Final	
	Job Title	Supervisor		
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number (s)	Starting	Final	
	Job Title	Supervisor		
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number (s)	Starting	Final	
	Job Title	Supervisor		
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(Check Skills/Equipment Operated)

___ Terminal	___ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

1. _____ (_____) _____
(Name) Phone #

(Address)
2. _____ (_____) _____
(Name) Phone #

(Address)
3. _____ (_____) _____
(Name) Phone #

(Address)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any investigator or duly accredited representative of PPAHC bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, driving record (MVR), disciplinary , arrest, and conviction/criminal records (local, state and federal). I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by PPAHC and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind of nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant's Name Date _____

Witness Date _____

Name as shown on Driver's License: _____

Driver's License Number: _____ Exp. Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date