



Employment Application

PO Box 668 • Marshall, TX 75671

Ph. 903-938-9221 Fax: 903-935-9593 Email: staff@sniderindustries.com

Snider Industries, LLP., is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Name: _____
(First) (Last) (MI)

Address: _____ Ph _____
(Street) (City, St, Zip)

You must be at least 18 years if age to work at this plant. Are you at least 18 years of age? (Y/N) _____

Position Applied for: _____ Date Available for Work: _____

Full-Time: _____ Part-Time: _____ Summer: _____ Temp/Project: _____ (Check all willing to apply for)

Expected Rate of Pay: _____ Per _____

Have you ever worked for this Company Before? (Y/N): _____

If, yes, please explain: _____

Dates (Beginning/Ending): _____ thru _____ Position: _____

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Is transportation available to you so that you can get to work on time every day? (Y/N) _____

Have you ever been convicted of a felony? (Y/N): _____

If yes, when: _____ How many felony convictions? _____

Explain: _____

Licenses or certifications held: _____

Describe specific skill training you have related to the position you are applying for including skills, special training programs, participation in professional organizations, etc.

Have you ever been discharged for violating a safety rule? (Y/N) _____ If yes, please explain:

Military Experience? (Y/N): _____ Branch: _____

Type of Discharge: _____ Relevant Experience for Job Applying for: _____

Education:

	Name and Location	Degree	Date of Completion
High School			
College/University			
Graduate School			
Vocational School			

Do you speak a language other than English? (Y/N): _____

If yes what language(s) do you speak?: _____ How fluently? Fair Good Excellent

Do you write in a language other than English? (Y/N): _____

If yes, which language(s): _____

In case of emergency, please contact: _____

Phone: _____ Relationship: _____

Work Experience: List complete employment beginning with most recent experience first:

Name of Employer: _____ Ph _____
Street Address: _____
Dates Employed: _____ Thru _____ Position: _____
Job Duties: _____

If currently employed, may we contact this employer (Y/N): ___ Supervisor: _____
Reason for Leaving: _____
Hours per Week: _____ Salary: _____ Per _____

Name of Employer: _____ Ph _____
Street Address: _____
Dates Employed: _____ Thru _____ Position: _____
Job Duties: _____

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Street Address: _____
Dates Employed: _____ Thru _____ Position: _____
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If currently employed, may we contact this employer (Y/N): ___ Supervisor: _____
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(Attach additional pages as necessary)

By signing, I certify all information is true and correct to the best of my knowledge. _____



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Authorization for Prior Employer to Release Information

I, _____, hereby authorize any investigator or duly accredited representative of Snider Industries, LLP 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, disciplinary and conviction records.

I hereby ask you to release such information upon request of the bearer. I understand that the information released is for official use by Snider Industries, LLP and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

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

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that, if employed, I will be required to provide proof of my social security number. If this company is notified that the proof or number is invalid, #1 above becomes enforceable immediately.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis.

This application will be active for six months. Please provide very specific, clear information regarding your employment and training background. The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment with Snider Industries, LLP.

Applicant's Signature

Date

For Office Use Only

Interview Date	Interviewed by	Hired (Y/N)	Date of Employment
Position Code	Position Description	Dept	Shift
Rate of Pay	Scheduled Time-in	Scheduled Time-out	Scheduled Lunch Break