



TRAVIS INDUSTRIES
HOUSE OF FIRE

TRAVIS INDUSTRIES

Employment Application

We are an equal opportunity employer, dedicated to a policy on non-discrimination in employment on any basis, including race, creed, color, age, sex, religion or national origin.

**THIS IS A DRUG FREE WORKPLACE
PLEASE PRINT**

APPLICANT INFORMATION													
Last Name				First				M.I.			Date:		
Street Address								Apartment/Unit #					
City				State				ZIP					
Phone #	()			Email									
Date Available to start				Last Four Digits Of Social Security :	xxx-xx- ____ ____ ____ ____			Desired wage	\$				
Position Applied for				Shifts Available : <input type="checkbox"/> Any <input type="checkbox"/> Mornings (6:30am-3:00pm) <input type="checkbox"/> Evenings(2:30pm-10:30pm) <input type="checkbox"/> Graveyard (10:30pm-6:00am)									
Are you legally authorized to work in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO			Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes , Date of Birth _____									
Have you ever worked for this company?	<input type="checkbox"/> YES <input type="checkbox"/> NO			If so, when?									
EDUCATION													
High School				Address									
From		To		Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Degree						
College				Address									
From		To		Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Degree						
Other				Address									
From		To		Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Degree						
REFERENCES													
<i>Please list three references.</i>													
Full Name				Relationship									
Professional or Personal?				Phone	()								
Address													
Full Name				Relationship									
Professional or Personal?				Phone	()								
Address													
Full Name				Relationship									
Professional or Personal?				Phone	()								
Address													

PREVIOUS EMPLOYMENT				
Company			Phone	()
City, State			Supervisor	
Job Title				
Responsibilities				
Employed From		Employed To		Reason for Leaving
May we contact this employer for a reference?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Company			Phone	()
City, State			Supervisor	
Job Title				
Responsibilities				
Employed From		Employed To		Reason for Leaving
May we contact this employer for a reference?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Company			Phone	()
City, State			Supervisor	
Job Title				
Responsibilities				
Employed From		Employed To		Reason for Leaving
May we contact this employer for a reference?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Company			Phone	()
City, State			Supervisor	
Job Title				
Responsibilities				
Employed From		Employed To		Reason for Leaving
May we contact this employer for a reference?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have any medical/physical conditions which prevent you from doing certain kinds of work?			<input type="checkbox"/> YES <input type="checkbox"/> NO Applicant Initials: _____	
FAMILY & FRIENDS WORKING FOR TRAVIS INDUSTRIES				
Name			Phone	
Fluent Languages				
DISCLAIMER AND SIGNATURE				
I hereby certify that the answers given herein are true and complete to the best of my knowledge. I authorize Travis Industries, Inc. to make such investigations as are legal and necessary to arrive at an employment decision. I hereby release employers, schools or other persons from all liability in responding to inquiries in connection with my application. In the event of my employment, I understand that I will be required to pass a drug test and that false or misleading information given in my application or interview, or omission of pertinent information may result in dismissal.				
Signature				Date