

Capitol School of Austin  
 2011 W. Koenig Ln.  
 Austin, TX 78756  
 512-467-7006

# EMPLOYMENT APPLICATION

An equal opportunity employer.

## PERSONAL

Name \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 (Area Code)

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been convicted of a felony in the last seven years?  Yes  No Explain Felony \_\_\_\_\_

Are you a citizen of the United States?  Yes  No \_\_\_\_\_

## JOB INTERESTS/SKILLS

Position(s) applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you applied for a position here before?  Yes  No If yes, when? \_\_\_\_\_

Type of employment requested  Full Time  Part Time  Temporary  Summer

Date you could begin working \_\_\_\_\_ Typing Speed (WPM) \_\_\_\_\_

Summarize any other special skills or qualifications  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
OTHER EDUCATION						



## EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

## REFERENCES

Name	Relationship	Home Phone	Daytime Phone

## ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## DRUG POLICY AND TERMINATION NOTICE

I certify that the as a condition of employment, I will not engage in the unlawful manufacture, possession, use, sale, or distribution of drugs, alcohol, inhalants, or any controlled substance, or under the influence of same, while on company premises or in the conduct of company business off-site. Violation of this policy shall constitute grounds for discharge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employing Official \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYMENT AT WILL NOTICE

I further acknowledge that the company and I, each have the right to terminate my employment at any time, with or without cause, and with or without notice. I understand that no employment agreements or contracts, either verbal or written, shall be made without prior written authorization from the President of the Company and any such contract or contracts are without effect. I further understand that the costs associated with my hire will be deducted from my check(s) at the discretion of Management, not to exceed two hundred fifty five dollars.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employing Official \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYMENT PRIOR TO BACKGROUND INVESTIGATION WAIVER

I certify that all of the information contained in my employment application is true to the best of my knowledge. I further understand I am being afforded the opportunity to begin employment prior to the completion of my background history. When my background history is complete, and if it is determined I gave false statements, or any omission of a material fact, I may be subject to immediate discharge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employing Official \_\_\_\_\_ Date \_\_\_\_\_

## CONFIDENTIAL RELEASE AND WAIVER

It is my understanding that the Company will conduct a comprehensive background history of my entire work and personal history. I hereby authorize an officer or employee of the Company or any other authorized representative of the Company bearing this release or a copy of this release, within one year of its date, to obtain information in your files pertaining to my employment, education, credit and personal history, including but not limited to, academic achievement, reasons for termination, all records contained in any City, County, State, Federal or any political subdivision thereof, including but not limited to, Criminal History information, Uniform Commercial Code, State Motor Vehicle Records, Vital Statistics, Incorporations, Certifications or Licenses, Military Records or any other information.

I hereby release you, as custodian of, both individually and collectively, as an agency of the federal government, state, city, county or any political subdivision thereof, or university, or any other educational institution, credit bureau, lending institution, consumer reporting agency holding records considered confidential to me, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, the undersigned Notary Public of the State of \_\_\_\_\_

Personally appeared \_\_\_\_\_ and whose name is subscribed to within the instrument, and he/she acknowledges taht he/she signed it.

Witness my hand and official seal

Notary Public

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
Name and ID# of Notary Public: (Print, Stamp or Type as Commissioned)

\_\_\_\_\_  
Personally known to me, or \_\_\_\_\_ Produced Identification \_\_\_\_\_ (Type of I.D.)

\_\_\_\_\_  
did or \_\_\_\_\_ did not take an Oath.