



Employment Application

Rev. 5/99

115 South Riverside Drive • Fort Worth, TX 76104 • Local: (817) 535-0881 • Toll Free: (866) 535-0881
info@webbair.com

TO THE APPLICANT: You must fully complete this application for it to be considered. Applications are active for ninety (90) days; thereafter, you must personally renew the application to be considered for employment.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

General Information:

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____

Mailing Address _____

Telephone Number _____

City _____

State _____ Zip _____

Have you been convicted of a felony in the past 10 years? Yes No

(A conviction will not automatically disqualify you for a particular job. The type and seriousness of the crime, the frequency of violations and the date of the conviction will all be considered, along with your entire work and education history.) If "Yes," please describe and attach to this application.)

If hired, can you provide proof that you are eligible to work in the United States? Yes No

Are you 18 or older? Yes No

Do you have a valid driver's license? Yes No

In case of emergency please notify _____ Relationship _____

Home Phone _____ Work Phone _____

Employment-Related Information:

Position Applying for _____ Full Time Part Time Date you can start _____

Are you to work weekends and/or overtime, if required? Yes No

Are there any shifts or hours you cannot work? Yes No If "Yes," when? _____

Are you willing to travel? Yes No

Are you willing to relocate? Yes No

Have you ever applied to or worked for this company before? Yes No If "Yes," when? _____

Education and Training:

Select the highest level of education completed:

Elementary School
4 5 6 7 8

High School
9 10 11 12

College/University
1 2 3 4

Graduate/Professional
1 2 3 4

List any other education, training, special skills or certificates/licenses that you have acquired which relate to this job.

List any machines or equipment that you are qualified to operate or experienced in operating.

Employer		Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip		Hourly Rate / Salary		
		Start	Final	
Phone	Job Title			

Supervisor	Reason for Leaving		
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Employer		Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip		Hourly Rate / Salary		
		Start	Final	
Phone	Job Title			

Supervisor	Reason for Leaving		
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Employer		Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip		Hourly Rate / Salary		
		Start	Final	
Phone	Job Title			

Supervisor	Reason for Leaving		
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If you are currently employed, may we contact your employer? Yes No Are you presently on lay-off status? Yes No

References: give names, addresses and telephone number, of three references (not relatives or former employers).

1. _____
2. _____
3. _____

I acknowledge that the information I have provided is true to the best of my knowledge, and I authorize investigation of this information as may be necessary. And misrepresentation or falsification of information, or significant omission, will be cause for rejection of my application, or for subsequent discipline up to and including termination of employment if discovered at a later date.

I understand that I may be required to submit to a pre-employment physical and/or drug and alcohol screening analysis. The results of such analysis may be grounds for disqualifying me or terminating my employment.

If employed, I understand that I will be an employee "at will" and that either Staff One or I may terminate my employment relationship at any time, with or without cause or notice, for any reason which does not violate the law.

Signature _____ Date _____