

APPLICATION FOR EMPLOYMENT

BRONWSVILLE'S ELITE DRUG & ALCOHOL TESTING

6672 South Padre Island Hwy Ste #6

Brownsville, Texas 78521

Ph: (956) 620-3060

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Last Middle

ADDRESS: _____
Street Address

City State Zip

E-MAIL: _____ PHONE: _____

EMPLOYMENT DESIRED

SOCIAL SECURITY NUMBER: _____ DATE AVAILABLE: _____

DESIRED PAY: \$ _____ ☐ HOUR ☐ SALARY EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

POSITION APPLIED FOR: _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? ☐ YES ☐ NO HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO *IF YES, PLEASE EXPLAIN: _____

EDUCATION

SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED	MAJOR

REFERENCES

FULL NAME	RELATIONSHIP	COMPANY	TITLE	PHONE

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____ SUPERVISOR : _____
Company

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite City State Zip

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY
SALARY

ENDING PAY: \$ _____ ☐ HOUR ☐

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

EMPLOYER 2: _____ SUPERVISOR: _____
Company

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite City State Zip

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY
SALARY

ENDING PAY: \$ _____ ☐ HOUR ☐

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

EMPLOYER 3: _____ SUPERVISOR: _____
Company

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite City State Zip

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY
SALARY

ENDING PAY: \$ _____ ☐ HOUR ☐

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

DISCLAIMER AND SIGNATURE

I confirm that all my responses are accurate and comprehensive to the best of my understanding.

Should I be offered employment based on this application, I acknowledge that providing false or deceptive information during the application or interview process may result in termination of my employment.

Signature: _____ Date: _____