

Pace & Sons, Inc. dba
Texarkana Overhead Door Company

Application for Employment

We are an equal opportunity to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the American Disabilities Act, applicants may request accommodations needed to participate in the application process.

Phone number _____ email _____

Name _____
Last First Middle

DOB _____ Social Security Number _____

Present Address _____
Street City State Zip

How long at this residence? _____

Previous Address _____
Street City State Zip
How long at this address?

Referred by _____

Employment Desired

Position _____ Date you can start _____ Salary Desired _____

Are you Employed Now? Yes No _____

If so may we inquire of your present employee? Yes No _____

Ever applied to this company before ? Yes Date No _____

PREVIOUS EMPLOYMENT – List 2 most recent jobs

Company Name/Address _____

Company Phone _____

Position and Job Description _____

Dates Employed _____

Reason No Longer Employed _____

PREVIOUS EMPLOYMENT – List 2 most recent jobs

Company Name/Address _____

Company Phone/Contact _____

Position and Job Description _____

Dates Employed _____

Reason No Longer Employed _____

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EDUCATION

Circle last year
Completed

Did you
graduate?

High School _____ 1 2 3 4

College _____ 1 2 3 4

Trade Business or
Correspondence School _____ 1234

General

Subject of Special Study or Research work _____

Related Skills (Welding, certificates, CDL, etc.) _____

Do you have transportation?

Divers License Number and State _____

Are you a Military Veteran?

Are you Military Active Duty?

Have you ever been convicted of a felony?

Date of conviction _____

Conviction _____

State _____

Do you have pending criminal charges or outstanding warrants? Please list details

***** All employees and applicants may be subject to moving vehicle and license violation checks, background checks, drug and alcohol tests. *****

Emergency contact Information

Name _____

Address _____

Phone 1 _____ Phone 2 _____

Email _____

Emergency contact 2

Name _____

Address _____

Phone 1 _____ Phone 2 _____

Email _____

Medicines to list (Voluntary)

Preferred doctor name, number, address (Voluntary)
