



APPLICATION FOR EMPLOYMENT

Please print or type. Complete all questions and sign on page 5.
“SEE RESUME” is not a sufficient response to any question.

Last Name	First	Middle	Date of Application		
Street Address			Home Telephone		
City, State, Zip Code			Work Telephone		
Position Desired	Date Available	Salary Desired	Social Security Number		
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of U.S. citizenship or immigration status will be required upon employment.			
EDUCATION					
Level	Name and Location of School	Diploma or Degree (Credits Earned if No Degree)	Attendance Dates		Major
			From Mo/Yr	To Mo/Yr	
High School					
Business, Trade or Technical*					
College*					
Graduate School*					
Other*					
*If degree was received under a name other than that listed on this application, please provide your full name at the time the degree was awarded: Degree: _____ Name At Time Earned: _____					
Scholastic Achievements:					



SKILLS AND QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., computer skills, software applications, and foreign languages):

EMPLOYMENT HISTORY

Please provide a COMPLETE employment history, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the "Comments" section below. Please use the "Employment History Continuation Sheet" if additional space is needed.

(1) Present/Most Recent Employer Telephone		Dates Employed		Summarize the nature of the work performed and job responsibilities.	
		From Mo/Yr	To Mo/Yr		
Address					
Job Title		Hourly Rate/Salary			
		Starting			
Immediate Supervisor and Title		\$	per		
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate/Salary			
		Final			
Reason for leaving or why you are considering leaving?		\$	per		
If currently employed, may we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(2) Next Previous Employer Telephone		Dates Employed			Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr		
Address					
Job Title		Hourly Rate/Salary			
		Starting			
Immediate Supervisor and Title		\$	per		
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate			
		Final			
Reason for leaving?		\$	per		



EMPLOYMENT HISTORY CONT.

(3) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hourly Rate		
<input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	

(4) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hourly Rate		
<input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	

COMMENTS (including explanation of any gaps in employment):

REFERENCES

List three business/work references who are **NOT** related to you and. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known	In what capacity did this person observe you or your work?



Are any relatives or friends currently employed at any of the Lone Star Association Management? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of employee(s)	Business unit where employed	
What prompted your application to Lone Star? (Please indicate name of ad/friend)	Ad _____ Employee _____	Friend _____ Other _____

PLEASE REVIEW APPLICATION CAREFULLY. WE WILL NOT CONSIDER THIS APPLICATION IF NOT COMPLETED IN FULL.

PLEASE READ THE FOLLOWING AND SIGN THE APPLICATION IN THE SPACES PROVIDED BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE SPEAK WITH THE HUMAN RESOURCES REPRESENTATIVE BEFORE SIGNING.

I understand that employment by Lone Star Association Management and any of its companies ("Lone Star") is "at will." This means that the employment relationship can be ended by me or by Lone Star Association Management may at any time for any reason with or without advanced notice and with or without cause. It also means that Lone Star Association Management may revise and make exceptions to its policies, practices, handbooks, manuals, rules, procedures, and regulations, in whole or in part, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon Lone Star Association Management to continue to employ me in the future or for any specific term. Notwithstanding the above, I understand that no representative of Lone Star, except the president, has any authority to enter into any agreement of employment for a definite term. Any such agreement must be in writing and signed by the president.

If employed by Lone Star, I agree to comply with all safety and health rules, company policies and procedures, and local, state, and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organizational needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that any misstatement or omission of fact on this application may result in my application not being considered, and, if employed, may result in my immediate dismissal.

I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS:

Signature of Applicant _____

Date _____