

Please mail or email all applications and resumes to TexAmericas Center, Attn: Marla Byrd, 107 Chapel Lane, New Boston, TX 75570 or [marla.byrd@texamericascenter.com](mailto:marla.byrd@texamericascenter.com)



107 Chapel Lane  
 New Boston, TX 75570  
 (903) 223-9841

Position Applied For:  
 \_\_\_\_\_

**Application for Employment**

Name \_\_\_\_\_ Social Security No \_\_\_\_\_  
                   Last                                First                                Initial

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ License Class \_\_\_\_\_

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

Have you ever been convicted of a felony? Yes or No. When \_\_\_\_\_ Where \_\_\_\_\_

Agency \_\_\_\_\_ Charges \_\_\_\_\_

Final Outcome \_\_\_\_\_

Do you have any relatives working for this agency? If so, list name and relationship:  
 \_\_\_\_\_

**EDUCATION**

	<b>Name and Location</b>	<b>Date Attended</b>	<b>Degree</b>	<b>Date Graduated</b>
<b>High School</b>	_____			

<b>University/ College</b>	_____			
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<b>Technical/ Vocational School</b>	_____			
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**SKILLS**

_____ Personal Computer	_____ Word/Works	_____ Publishing
_____ Typing _____ wpm	_____ Word Perfect	_____ Calculator
_____ Other Software _____	_____ Excel	_____ QuickBooks vs _____

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Position Applied For: \_\_\_\_\_

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**LICENSE/CERTIFICATION**

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License	Date Issued	Date Expires	License No.

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**EMPLOYMENT HISTORY (most current first)**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
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Position Applied For:  
\_\_\_\_\_

**REFERENCES**

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

**ADDITIONAL INFORMATION**

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and that falsifications shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal or work history deemed necessary. I understand that I will be required to satisfactorily complete a post-offer drug screen and/or physical, as well as a three month probation period during which time my employment may be terminated for failure to meet the minimum standards required by my employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of TexAmericas Center not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, sex, national origin or disability status. This application or any attachments thereto become a part of TexAmericas Center records and will not be returned.