Huntington I. S. D.
P. O. Box 328
Huntington, Texas 75949
Ph. (936) 876-5401

EMPLOYMENT APPLICATION Date _____ **HUNTINGTON ISD**

To be considered, all job applicants must fill out this form completely

Name in full (First, Middle, Last)				Date of Birth	Social Security No.
Present Address	City	State	ZIP	Phone No.	Spouse's No. (if available)
Permanent Home Address	City	State	ZIP	Education – Last Grade Completed	
In Case of Emergency Notify	Address	City	State	What type of Drivers License do you have? ☐ Operator ☐ Commercial Operator ☐ Class	Operator No.
Position applied for: If job moves from present location, will you accept employment on new location? ☐ Yes ☐ No				Any restrictions on license? ☐ Yes ☐ No	If **Yes**, explain

IMPORTANT! Give name and address of three last employers.

Name of Employer	Address	Kind of work done	Employed From	Employed To

Have you had a physical examination in the past 5 years? ☐ Yes ☐ No Would you be willing to take a physical examination if required? ☐ Yes ☐ No

To your knowledge, do you have or have you ever had any of the following ailments? (Check Yes or No)

Yes	No		Yes	No		Yes	No		Yes	No	
☐	☐	Ruptured	☐	☐	Dizziness	☐	☐	High Blood Pressure	☐	☐	Heart Disease
☐	☐	Defective Sight	☐	☐	Defective Hearing	☐	☐	Epilepsy	☐	☐	Silicosis or Tuberculosis
☐	☐	Loss of any organ of the body	☐	☐	Back Trouble	☐	☐	Rheumatism or Arthritis			

Have you ever had an on-the-job injury? ☐ Yes ☐ No If answer if Yes to preceding question, complete below:

Approximate Date of Injury	Employer at Time of Injury	Nature of Injury	Were You Disabled?	Approximate length of time you were off work	Was a claim For benefits made'
			☐ Yes ☐ No		☐ Yes ☐ No
			☐ Yes ☐ No		☐ Yes ☐ No
			☐ Yes ☐ No		☐ Yes ☐ No

Will you abide by the safety rules of this company? ☐ Yes ☐ No If injured, will you accept the medical facilities recommended by your employer? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense? (Do not include Parking Tickets.) ☐ Yes ☐ No

If Yes	Date	Nature of Conviction	Where	Disposition of Offense

READ THE FOLLOWING CAREFULLY

I hereby declare that I am not disabled in any way which would prevent me from steadily performing all the work applied for in this application and that the above information is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given, and an intentional misrepresentation or omission on my part will constitute a release to the employer for any liability that he may encounter by having acted on such facts, and also constitute grounds for my dismissal.

Under the provisions of the Fair Credit Reporting Act, 15 U.S.C., Sec. 1681, et seq. notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your credit worthiness, character, general reputation, general characteristics, and mode of living, which will be used for employment purposes. An investigation into your worker's compensation or industrial accident background may also be conducted.

You are further advised under said act that any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request made by the consumer within a reasonable period of time after the receipt by him of the disclosure required by subsection 1681 (d), shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the latter.

You are further advised that if you are denied employment, either wholly or partly, because of information contained in a consumer report as that term is defined in the Fair Credit Reporting Act, that a disclosure will be made to you by the name and address of the consumer reporting agency making such report.

I understand that, if hired it will not be pursuant to any employment contract.

I, the undersigned, have read the above and foregoing notice and understand same. I hereby authorize the above company to investigate and verify the facts stated by me in this application.

Application considered active only for ninety days.

Witness _____ Date _____ Signature of Applicant _____ Date _____

Approved _____ Termination Date _____