

TERLINGUA RANCH APPLICATION FOR EMPLOYMENT

For Office Use Only

Date received _____
Time received _____
Received by _____

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. POATRI is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice.

NAME		()	
	(Last) (First) (Middle)		(Daytime Phone)
MAILING ADDRESS			()
	(Street) (City) (State) (Zip) (Country)		(Work Phone, Optional)
E-MAIL ADDRESS			

List any other names used if different from name on this application. _____

List exact title of position or type of work and location for which you wish to apply:		Closing Date
	Do you have any relatives working for POTARI? If so, list names and relationships:	

Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐ Date available for work? _____ Are you at least 17 years of age? Yes ☐ No ☐

Are you willing to work hours other than 8-5? Yes ☐ No ☐ What days are you unable to work? _____

Are you willing to travel? Yes ☐ No ☐ If yes, what percent of time? _____

Current Driver's License # (if required for position) _____ Commercial Driver's License Yes ☐ No ☐

(State) (Number)

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes ☐ No ☐ If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED? Yes ☐ No ☐ If yes, name and location of high school or GED institute: _____

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? _____

Do you speak a language other than English? (If required for this position) Yes ☐ No ☐

If yes, what language(s) do you speak? _____

How fluently? Fair ☐ Good ☐ Excellent ☐

Do you write in a language other than English? (If required for this position) Yes ☐ No ☐

If yes, which language(s) _____

Have you ever been employed by POATRI

Yes ☐ No ☐

If you have been previously employed by POATRI list the dates: _____

This section intentionally is left blank

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR
UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the Federal Government requires proof of legal status to work and I must be submitted to a verification process.
4. I understand that this agency will check with the Texas Department of Public Safety, our bonding agency or other organizations, for any criminal history in accordance with applicable statutes.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED

SIGN HERE:

X

Signature – Applicant

Date

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name _____

Last

First

Middle

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: ()						Immediate Supervisor Name: Title: Supervisor's Telephone No.: ()		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> Give average # of hours worked per week if part-time:																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">Starting Date</th> <th colspan="3">Leaving Date</th> <th rowspan="2">Current/ Final Salary</th> <th rowspan="2"> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> </th> </tr> <tr> <th>Mo.</th> <th>Day</th> <th>Yr.</th> <th>Mo.</th> <th>Day</th> <th>Yr.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> </tr> </table>			Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>	Mo.	Day	Yr.	Mo.	Day	Yr.							\$		If supervisory, number of employees you supervised:		
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>																				
Mo.	Day	Yr.	Mo.	Day	Yr.																						
						\$																					

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: ()						Immediate Supervisor Name: Title: Supervisor's Telephone No.: ()		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> Give average # of hours worked per week if part-time:																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">Starting Date</th> <th colspan="3">Leaving Date</th> <th rowspan="2">Current/ Final Salary</th> <th rowspan="2"> Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> </th> </tr> <tr> <th>Mo.</th> <th>Day</th> <th>Yr.</th> <th>Mo.</th> <th>Day</th> <th>Yr.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> </tr> </table>			Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>	Mo.	Day	Yr.	Mo.	Day	Yr.							\$		If supervisory, number of employees you supervised:		
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>																				
Mo.	Day	Yr.	Mo.	Day	Yr.																						
						\$																					

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: ()							Immediate Supervisor Name: Title: Supervisor's Telephone No.: ()		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.	\$			

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: ()							Immediate Supervisor Name: Title: Supervisor's Telephone No.: ()		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.	\$			

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving: