



Brenham West Duncan Brenham East Any location

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY ON NONDISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, COLOR, SEX, GENETICS, RELIGION, DISABILITY, VETERAN'S STATUS OR NATIONAL ORIGIN.

How did you hear about us? Newspaper Ad Website Other Date: / /

Employment Desired				
Position	Date you can start	Salary Desired	Type of Employment Full-time__ Part-time__ Temporary__ Summer__	Shift Preference 1 st __ 2 nd __ Any__
Are you employed now? Yes__ No__		If so, may we contact your present employer? Yes__ No__		
Have you ever applied to this company before? Yes__ No__		Where?	When?	

Personal Information		
Last Name	First Name	Middle Name
Address (Number, Street, City, State, Zip Code)		
Home Telephone Number	Cell Number	Referred By
Email Address		Are you 18 years or older? Yes__ No__

Education			
High School Attended and Location	<u>No of Years Completed</u>	<u>Did you Graduate?</u> Yes__ No__	
College Attended and Location	<u>No. of Years Completed</u>	<u>Did you Graduate?</u> Yes__ No__	<u>Degree</u>
Trade, Business or Correspondence School Attended and Location	<u>No. of Years Completed</u>	<u>Did you Graduate?</u> Yes__ No__	
Have you ever been convicted of a felony? Yes No			
If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.			
A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.			
Are you authorized to work in the United States? Yes No			

This section for Transportation Applicants Only			
Do you have a valid Driver's License: Yes No			
Driver's license number:	State of issue:	Operator	Commercial (CDL)
Expiration date: _____			
Have you had any accidents in the last 3 years? _____		How many? _____	
Have you had any moving violations in the last 3 years? _____		How many? _____	

Employment History (List Present or Most Recent Positions First)				
Name of Employer		Address (Number, Street, State, Zip Code)		
Phone Number	Type of Business	Department	Your Position	
Duties				
Name and Position of Immediate Supervisor				
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary	
Reason for Leaving				

Name of Employer		Address (Number, Street, State, Zip Code)	
Phone Number	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
Reason for Leaving			

Name of Employer		Address of Employer (Number, Street, City, State, Zip Code)	
Phone Number	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
Reason for Leaving			

General

Special Courses or Training			
Experience/Skills Related to the Position for Which You are Applying			
State any additional information you feel may be helpful to us in considering your application			

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

- I understand that this application is not a contract of employment. I further understand that if I am employed, my employment with MIC Group is employment –at-will and I have the right to terminate my employment without cause and without notice at any time and MIC Group also has the right to terminate my employment with cause or without notice at any time.
- Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the U.S. In compliance with such laws, all offers of employment are subject to verification of each applicant’s identity and employment authorization and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.
- 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.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning by previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects cover by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
- 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.

Signature of Applicant: _____ Date: _____



Applicant Survey

Work Opportunity Tax Credit Program (WOTC)

J.B. Poindexter participates in the WOTC program. This program is sponsored by the federal government to support efforts by companies to hire and retain employees. Your response to the statements below is voluntary and will help determine if J.B. Poindexter can qualify for this program. Any information you provide will be kept confidential and will not affect your job, wages or taxes in any way.

Thank you in advance for your time and participation!

- Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity tax credit.
- Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program or the Department of Veteran Affairs.
 - I am at least age 18 but **not** age 40 or older, and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplement security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totalling at least 4 weeks but less than 6 months during the past year
- Check here if you are a veteran and you were unemployed for a period or periods totalling at least 6 months during the past year.
- Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ending during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Name: _____

Date: _____

J.B. Poindexter is an equal opportunity employer committed to diversity in the workplace and dedicated to a policy of non-discrimination in employment on any basis including age, sex, race, color, ancestry, religion, creed, citizenship status, disability, national origin, marital status, military status, sexual orientation, genetic information, gender identity and expression, or any factors not related to the job and will comply with all applicable laws.

Branch Office Location

Tier Requirements

Employee Authorization to Release Records

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living.

I hereby authorize SentryLink LLC an agent of _____ to make a thorough check of my past Employment, Education, and activities.

EMPLOYEE/APPLICANT

_____ Last Name	_____ First Name	_____ Middle	_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth mm/dd
_____ Other Name(s) Maiden/Married		_____ Driver's License Number		_____ State

RESIDENCES (Starting with current)		
_____ Street Address	_____ City/State	_____ Zip
_____ Street Address	_____ City/State	_____ Zip
		How Long? _____
		How Long? _____

CURRENT EMPLOYER	CITY/STATE/ZIP	PHONE #	POSITION	MAY WE CONTACT CURRENT EMPLOYER?
				<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYMENT	CITY/STATE/ZIP	PHONE #	POSITION	DATE OF EMP.

SCHOOL(S) ATTENDED	NAME OF SCHOOL	CITY/STATE	DATES ATTENDED	YEAR GRADUATED
High School			Not applicable	Not applicable
College				
Other				

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Date of Birth ____/____/____	Race _____	Sex _____	Telephone (____) _____
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Signature _____

Date Signed _____

VOLUNTARY SELF-IDENTIFICATION

(2007 EEO-1 changes, updated information needed for EEO-1 reporting purposes only)

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. The EEOC has recently announced several changes to the job categories and rearranged its race and ethnicity groupings. Therefore, we are asking employees to complete a new voluntary self-identification sheet below so that we can properly update our records according to these new report requirements.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

Name: _____

Job Title: _____

GENDER:

(Please check one of the options below)

_____ Male

_____ Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

VETERAN STATUS:

(Please check one if it describes your veteran status.*)

___ **SPECIAL DISABLED VETERAN:** Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.

___ **VIETNAM ERA VETERAN:** A Vietnam Era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961, and May 7, 1975.

Date completed: _____

PLEASE RETURN FORM TO HUMAN RESOURCES DEPARTMENT.

Thank you for your participation.