



APPLICATION FOR EMPLOYMENT

PERSONAL

Client Company Name: _____ Date: _____

Name: _____ Phone: _____

Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

Job applying for: _____ Job status applying for: Full Time Part Time Temporary

When are you available to begin work? _____

Are you legally eligible to be employed in the United States? yes no Are you over the age of 18 years? yes no
(Proof of identity and eligibility will be required upon employment) (If no, you may be required to provide authorization to work.)

Have you ever worked for SWBC Professional Employer Services? yes no

If yes, please provide the following information:

Client Company: _____ Job Title: _____

When, please give beginning and ending dates: From: _____ To: _____

Have you ever been convicted, or pled guilty or no contest to, a felony offense? yes no
(For purpose of employment with SWBC Professional Employer Services and the above named Client Company, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.)

If yes, describe conditions: _____

(Note: A conviction will not necessarily disqualify an applicant for employment)

If you are applying for a job that involves driving please answer the following:

Driver's License number: _____ State license was issued: _____

What type of driver's license do you have? Regular Commercial Class: _____

EDUCATION & TRAINING

	High School	College(s)	Technical School(s)
Name of School:			
Address of School:			
Years completed:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

SKILLS

Please describe any specialized training, and/or skills that would assist us in evaluating your application:



EMPLOYMENT HISTORY

Give name and address of last two (2) employers, beginning with your present or most recent employer.

1) Name of Employer: _____

Full address (including street, city, state & zip): _____

Phone number: _____ Name of your Immediate Supervisor: _____

Dates employed (include month and year): From: _____ To: _____

Rate of pay: Starting: _____ Ending: _____

Job Title: _____

Describe your job duties: _____

Reason for leaving: _____

2) Name of Employer: _____

Full address (including street, city, state & zip): _____

Phone number: _____ Name of your Immediate Supervisor: _____

Dates employed (include month and year): From: _____ To: _____

Rate of pay: Starting: _____ Ending: _____

Job Title: _____

Describe your job duties: _____

Reason for leaving: _____

SWBC Professional Employer Services ("SWBC PEO") and the Client Company are equal opportunity employers and do not discriminate in recruitment, hiring, training, promotion, or other employment policies on the basis of age, race, sex, color, religion, national origin, disability, veteran status or any other basis that is prohibited by federal, state or local law.

I certify the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I agree to immediately notify SWBC PEO and the above named Client Company if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge regardless of time of discovery. I also understand that I am required to abide by all rules and regulations of SWBC PEO and the Client Company.

Applicant Signature: _____ Date: _____

Please fax to (830) 980-1249 or (830) 980-1248 and mail the originals to:
SWBC Professional Employer Services 30815 US Hwy 281 North, Bulverde, TX 78163