

Texas Beef Council

APPLICATION FOR EMPLOYMENT

PERSONAL	Last Name	First	Middle	Date
	Street Address			Home Phone ()
	City, State, Zip			Business Phone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year Position			Social Security No:
	Position Desired			Pay Expected
	Apart from absence for religious observances, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If hired, are you able to provide proof of eligibility to work in the United States?			When will you be able to begin work?
	How did you learn about our organization?			Are you available to travel in your position?
	Number of motor vehicle violations in the last three years.			Driver's License Number

EDUCATION	School	Name & Location of School	Course of Study	No of Years Completed	Did you graduate?	Degree or Diploma
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER SKILLS	Other skills (list any computer software or business-related hardware with which you are familiar)
	List any continuing education seminars you have attended

Employment History

Please give accurate, complete full-time and part-time employment record. Start with the present or most recent employer.

1.	Company Name	Telephone ()
	Address	Month and Year From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe your Work	Reason for Leaving

2.	Company Name	Telephone ()
	Address	Month and Year From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe your Work	Reason for Leaving

3.	Company Name	Telephone ()
	Address	Month and Year From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe your Work	Reason for Leaving

4.	Company Name	Telephone ()
	Address	Month and Year From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe your Work	Reason for Leaving

We may contact the employers listed above unless you indicated those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s)
	Reason

MEMBERSHIP IN JOB RELATED PROFESSIONAL ORGANIZATIONS

Are you a member of an organization whose objectives are contrary to the business objectives of the livestock industry? Yes No

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE ARMED FORCES	Branch of Service
	Describe your duties and any special training	Period of Active Duty (Month & Year)
		From _____ To _____
		Rank at Discharge
		Type of Discharge

R E F E R E N C E S	NAME	PHONE NUMBER	NUMBER OF YEARS ACQUAINTED	HOW ACQUAINTED

M I S C E L L A N E O U S	After reading the position description, are there any reasonable accommodations needed to perform the essential job duties?
	<p>READ CAREFULLY</p> <p>I certify that I have answered all questions on this application accurately and completely. I understand that any incorrect information on this application may be cause for immediate dismissal.</p> <p>I authorize the Texas Beef Council (TBC) to contact my former employers, my references and educational institutions, and any other sources as it sees fit to verify the information on this application and to inquire as it wishes about my qualifications and job-related conduct. I authorize those sources to release to TBC information it requests about my qualifications and my job-related conduct.</p> <p>I understand submission of this application does not assure me a position with TBC or obligate TBC in any way.</p>
	Signature _____ Date _____

We are an Equal Opportunity Employer