

**Bill Reed Decorations, Inc
Employment Application Form**

Please mail completed application to:
PO Box 153230, Dallas, TX 75315
or fax application to: 214.823.3191

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

OFFICE USE ONLY:
Date received:
Reviewed by:

PLEASE COMPLETE PAGES 1-4

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Home Telephone () _____ Alternate Phone: () _____

Are you under age 18 ___ YES ___ NO, if "YES", can you provide proof of your eligibility to work? ___ YES ___ NO

Are you currently authorized to work in the United States? ___ YES ___ NO. Proof of eligibility will be required if hired.

Position applied for (1) _____ Days/hours available to work
and wage desired (2) _____
(Be specific) No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Are you able to work more than 40 hours per week? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	Month/Year Graduated	Degree or Diploma
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a violation of any criminal statute whether felony or misdemeanor? No Yes

Are you now or have you ever been on any form of parole, probation or deferred adjudication? No Yes

If yes, 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, imposed and type (s) of parole, probation or deferred adjudication. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

Have you ever served in the armed forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered: _____
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Are you now a member of the national guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Discharge Date: _____		Type of Discharge? _____
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Please list two references other than relatives.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (_____) _____ Telephone (_____) _____

Personal Computer Experience: Yes No

Describe PC Skills: _____

Do you speak a Foreign Language Fluently? No Yes If yes, specify Language: _____

Do you read this language? Yes No Do you write this language? Yes No

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment.

Work Experience

Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title/position?		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <hr/> <hr/> <hr/>			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied? Yes No

If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

If the job you are applying for requires any of the following, are you willing and able to:

- | | | |
|---|------------------------------|-----------------------------|
| Work outside in all types of weather? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work in areas subject to extreme heat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work in an awkward or confining work space? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work where your clothes get dirty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work in or around areas that have strong odors or vapors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work with materials that cause a lot of dust? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work at heights up to 50 feet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work extended hours without food breaks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work on weekends and holidays? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work rotating or irregular shifts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work in stressful or unpleasant setting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work with the public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide a copy of your drivers license with this application

READ CAREFULLY BEFORE SIGNING! By my signature below, I certify, authorize or acknowledge:

* That all the information provided by me in connection with my application, whether on this document or on any attachment is complete, true and correct. I know that Bill Reed Decorations, Inc. will rely upon this information in making a decision to hire me. Consequently, I further understand that any misstatement, falsification, or omission of information will void my application and prevent further processing. If the company obtains such information after I am hired, I will be subject to termination from my employment with Bill Reed Decorations, Inc.

* For purposes of verification, any persons, organizations, and educational institutions listed on this application or any attachment, as well as the Department of Public Safety or any law enforcement authority in any state in which I have resided, at any time upon request, may give to Bill Reed Decorations, Inc. any and all information concerning my previous employment, education, experience or other information (including my motor vehicle records and criminal background) they may have regarding any of the subjects listed on my application. I unconditionally and irrevocably release all such persons, organizations or educational institutions from all liability and damages which may result from providing the information requested by Bill Reed Decorations, Inc.

* That if offered employment by Bill Reed Decorations, Inc., I must successfully pass a criminal background check, drug test and a physical examination as a condition of employment.

* That if offered employment by Bill Reed Decorations, Inc, that my employment is probationary for a period of ninety (90) days and that at any time during the probationary period or thereafter, my employment with the company is terminable at will for any reason by either party.

Signature of applicant: _____

Date: _____

