

*****DO NOT SUBMIT THIS PAGE WITH APPLICATION*****

To Submit Your Application you can:

- Bring in the application to 2204 S Janice St., Monahans, TX
- Mail your application to:
Monahans Affordable Homes, LLC
2204 S Janice Street
Monahans, Texas 79756
- Fax your application to (432) 943-2950
- Scan and Email your application to:
monahansaffordablehomes@hotmail.com

Make sure to include with your application:

- A copy of your driver's license or government issued identification card
- Any valid licenses or degrees applicable to your desired position
- Any other documentation you want considered with your application.

**YOUR SOCIAL SECURITY CARD IS NOT NEEDED
UNTIL YOUR ARE OFFICIALLY HIRED.**

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Monahans Affordable Homes, LLC

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN OR PHYSICAL HANDICAP.

(PLEASE PRINT)

PERSONAL INFORMATION DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ SOCIAL SECURITY NUMBER _____

_____ REFERRED BY _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES ___ NO ___ DATE: _____

Have you received any Workman's Compensation Benefits? Yes ___ No ___

If yes, may we contact Workman's Comp for a Claims Printout? Yes ___ No ___

Do you have any pre-existing medical conditions? Yes ___ No ___

If yes, please explain: _____

Have you been convicted of a misdemeanor or a felony? Yes ___ No ___

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

FOR INTERNAL USE ONLY

CHC [_____ / _____]	DL [_____ / _____]	UA PASS	HIRED BY [_____]
CLEAR ENTRIES	VALID NOT VALID	YES NO	DATE :

FORMER EMPLOYERS: LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST

DATE MONTH & YEAR	NAME, ADDRESS & PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE BELOW THE NAME OF PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

I hereby authorize and request any and all of my former employers and any other person, firm or corporation to furnish any and all information concerning my credit-worthiness and personal background; and I hereby release each such employer or other person, or corporation from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and/or an investigative consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby name and address of the consumer reporting agency that furnished such report and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I request such disclosure within a reasonable period of time.

I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal; and 2) my employment is for no definite period and I may, regardless of the date of payment of my wages, be terminated at any time without prior notice.

DATE _____ SIGNATURE OF APPLICANT _____

IN CASE OF EMERGENCY NOTIFY _____
 NAME ADDRESS PHONE NO. RELATIONSHIP

IN CASE OF EMERGENCY NOTIFY _____
 NAME ADDRESS PHONE NO. RELATIONSHIP